



**UTAH
HOSPITAL
DISCHARGE
DATABASE**

**2010
PUBLIC-USE DATA FILE**

USER'S MANUAL

**Version I
September 2011**

**UTAH HEALTH DATA COMMITTEE
OFFICE OF HEALTH CARE STATISTICS
UTAH DEPARTMENT OF HEALTH**

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INTRODUCTION

Health Data Committee

The Health Data Committee, composed of 13 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Hospital Discharge Database.

Utah Hospital Discharge Database (UHDD)

Administrative Rule R428 became effective in December 1991, and mandates that all Utah licensed hospitals, both general acute care and specialty, shall report information on inpatient discharges, beginning on January 1, 1992. UHDD contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each inpatient hospital stay. Fifty three Utah hospitals submitted data in 2010, including three psychiatric facilities, eight specialty hospitals, and the Veterans Administration Medical Center. **Shriners Hospital, a charity hospital, began reporting data in the fourth quarter of 2010. Because of the dramatic change moving from DRG (V24) to MS-DRG (V25) which went into effect on 10/1/2007, we are including both fields as separate data elements ran across the entire year for 2010. Patient's Relationship to the first insured person has been standardized to UB-04 coding starting with the 2010 data.**

Public-Use Data Files (PDF)

UHDD Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Office of Health Care Statistics without further review. **A current Public-Use Data File User Agreement needs to be signed by anyone seeking to purchase the data prior to the release of the PDF.**

Two different public data files are released for 2010 hospital discharge data (see pages 6 through 8 for data elements and file descriptions).

Data Processing and Quality

Data submission: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from hospitals in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated

editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Hospital Reviews: Each hospital is provided with a 35 day review period to validate the Committee's data against their hospital records. Any inconsistencies discovered by the hospitals are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between systematic omission by hospital (e.g., for hospitals that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the hospital unusable), and non-systematic omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by hospital for each data element to be used.

Patient Confidentiality

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient's age, physician's specialty, and payers are grouped. Several data elements are encrypted under specific conditions: (1) Utah zip and non-Utah zip codes with less than 30 discharges in a calendar year are coded at the county or state level respectively, (2) age, sex, and zip code are encrypted if the discharge involves Major Diagnosis Code (MDC) "25-Human Immunodeficiency Virus Infection" or Diagnosis Related Groups (DRG) "433, 521-523 - Alcohol/Drug Abuse or Dependence", and (3) physician specialty for 8 rural hospitals with less than 30 beds which in 2010 are Bear River Valley Hospital, Cache Valley Specialty Hospital, Delta Community Medical Center, Fillmore Community Medical Center, Heber Valley Medical Center, Milford Valley Memorial Hospital, Moab Regional Hospital (formerly Allen Memorial Hospital), and Sanpete Valley Hospital.

Agreement to Protect Patient Confidentiality:

The data collected by the Health Data Committee may be used only for the purpose of health statistical reporting and analysis or specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

Uses of Hospital Data:

The PDF includes data on charges and length of stay. Several factors, such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status, affect the comparability of charge and LOS across hospitals. Any analysis of charge or LOS at the hospital level should consider the above factors. The Health Data Committee calculates case-mix index and APR-DRG resource intensity index for each of the hospitals in the data base and utilizes the indices in analysis. Those indices, their methodology and a profile of Utah hospitals are appended at the end of the manual for users' reference (see Appendix A, B, and C).

Data Format:

Standard format for the public data file is fixed ASCII format, on a CD-Rom. Alternate Dbase IV and Comma Separated formats for import into relational database are also supplied. Requests for other formats, such as a SAS dataset, will be considered.

Citation:

Any statistical reporting or analysis based on the data shall cite the source as the following:

Utah Hospital Inpatient Discharge Data File (2010). Utah Health Data Committee/Office of Health Care Statistics, Utah Department of Health, Salt Lake City, Utah, 2011.

DRG, MS-DRG and APR-DRG Classification:

The DRG, MS-DRG and APR-DRG fields in the data were generated using:

3M Core Grouping Software for Windows (Version 2011.1.3).
Wallingford CT, 3M Health Information Systems, April 2011.

Specifically, for the APR-DRG, and for the 2010 data, the Core Grouping Software executed the following module:

APR-DRG Grouper (Versions 27.0 & 28.0), Wallingford CT, 3M Health Information Systems, October 2009 & October 2010.

The DRG is the original HCFA defined DRG. For all of the 2010 data, the Core Grouping Software generated this using the following module:

CMS Grouper (Version 24.0), Wallingford CT, 3M Information Systems, October 2006.

The MS-DRG is the new HCFA defined DRG starting with V25.0. For all of the 2010 data, the Core Grouping Software generated this using the following modules:

CMS Grouper (Version 27.0 & 28.0), Wallingford CT, 3M Information Systems, October 2009 & October 2010.

Redistribution:

The user shall not redistribute the Utah Hospital Inpatient Discharge Data File in its original format. The user shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

FILE LAYOUT

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2010.1)

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Pg No.
				From	To		
1	Provider Identifier (Hospital)	A	3	1	- 3	101-148, 201-209,301-311,801	11
2	Patient's age (in 5-yr. group)	N	3	4	- 6	0 - 21, 66,99	12
3	Patient's gender	A	1	7	- 7	M, F, U, E	13
4	Type of admission	A	1	8	- 8	1 - 5, 9	13
5	Source of admission/Point of Origin						
	Non-newborns	A	1	9	- 9	0 - 9,A-F	13
	Newborns	A	1	10	- 10	0 - 4, 5, 6, 9	14
6	Length of stay	N	8	11	- 18	Days	15
7	Patient's discharge status	A	2	19	- 20	01-08, 20-21,40-43,50-51,61-66,70-72	15
8	Patient's postal zip code	A	5	21	- 25	84000-84799, -4444, -5555, -6666, -8888, -9999, AZ..WV	16
9	Patient's residential county	N	3	26	- 28	1 - 29, 44, 55, 77, 88, 99	18
10	Patient's cross-county migrant status	A	1	29	- 29	Y, N, U	19
11	Patient's marital status	A	1	30	- 30	S, M, X, D, P, W, U	19
12	Patient's race and ethnicity	A	2	31	- 32	W, WH, NW, NH, UK	20
13	Principal diagnosis code	A	5	33	- 37	xxxxx	20
14	Secondary diagnosis code 1	A	5	38	- 42	xxxxx	20
15	Secondary diagnosis code 2	A	5	43	- 47	xxxxx	20
16	Secondary diagnosis code 3	A	5	48	- 52	xxxxx	20
17	Secondary diagnosis code 4	A	5	53	- 57	xxxxx	20
18	Principal procedure	A	4	58	- 61	xxxx	20
19	Secondary procedure 1	A	4	62	- 65	xxxx	20
20	Secondary procedure 2	A	4	66	- 69	xxxx	20
21	DRG	N	3	70	- 72	1 - 579	21
22	MDC	N	3	73	- 75	1-25, 0	36
23	Total charge	N	10	76	- 85	12345678.00	37
24	Facility charge	N	10	86	- 95	12345678.00	37
25	Professional charge	N	10	96	- 105	12345678.00	37
26	Admitting physician specialty	A	7	106	- 112	Specialty codes	37
27	Attending physician specialty	A	7	113	- 119	Specialty codes	41
28	Other consultant physician specialty	A	7	120	- 126	Specialty codes	41
29	Surgeon's specialty	A	7	127	- 133	Specialty codes	41
30	Primary payer category	A	2	134	- 135	1 - 10,13,99	41
31	Secondary payer category	A	2	136	- 137	1 - 10,13,99	41

A=Alphanumeric characters N=All numeric characters

RECORD LAYOUT OF PUBLIC USE DATA FILE I (2010.1) con't

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Page No.
				From	To		
32	Tertiary payer category	A	2	138	- 139	1 - 10,13,99	41
33	Patient's relationship to 1st insured	N	3	140	- 142	1,4,5,7,9,10,15,17-24, 29,32,33,36,39-41,43,53	41
34	Outlier, total charge	N	3	143	- 145	1,0	43
35	Outlier, length of stay	N	3	146	- 148	1,0	43
36	APR-DRG	N	3	149	- 151	1-956	45
37	Patient Severity Subclass Value	A	1	152	- 152	0-4	44
38	Discharge Quarter	A	1	153	- 153	1-4	44
39	Record ID number	N	8	154	- 161	30123456	43
40	Secondary Diagnosis Code 5	A	5	162	- 166	xxxxx	20
41	Secondary Diagnosis Code 6	A	5	167	- 171	xxxxx	20
42	Secondary Diagnosis Code 7	A	5	172	- 176	xxxxx	20
43	Secondary Diagnosis Code 8	A	5	177	- 181	xxxxx	20
44	Secondary Procedure Code 3	A	4	182	- 185	xxxx	20
45	Secondary Procedure Code 4	A	4	186	- 189	xxxx	20
46	Secondary Procedure Code 5	A	4	190	- 193	xxxx	20
47	E-Code	A	5	194	- 198	Exxxx	44
48	Patient Risk of Mortality Value	A	1	199	- 199	0-4	44
49	MS-DRG	N	3	200	- 202	1 - 999	54
50	MS-MDC	N	3	203	- 205	1-25, 0	72

A=Alphanumeric characters N=All numeric characters

RECORD LAYOUT OF PUBLIC USE DATA FILE III (2010.3)

	FIELD NAME	CLASS	WIDTH	POSITION		VALID VALUES	Page No.
				From	To		
1	Provider Identifier (Hospital)	A	3	1	- 3	101-148, 201-209,301-311,801	11
2	Patient's age (in 5-yr. group)	N	3	4	- 6	0 - 21, 66,99	12
3	Patient's gender	A	1	7	- 7	M, F, U, E	13
4	Length of stay	N	8	11	- 18	Days	15
5	Patient's discharge status	A	2	19	- 20	01-08, 20-21,40-43,50-51,61-66,70-72	15
6	Patient's residential county	N	3	26	- 28	1 - 29, 44, 55, 77, 88, 99	18
7	Principal diagnosis code	A	5	33	- 37	xxxxx	20
8	Principal procedure	A	4	58	- 61	xxxx	20
9	Secondary procedure 1	A	4	62	- 65	xxxx	20
10	Secondary procedure 2	A	4	66	- 69	xxxx	20
11	DRG	N	3	70	- 72	1 - 579	21
12	MDC	N	3	73	- 75	1-25, 0	36
13	Total charge	N	10	76	- 85	12345678.00	37
14	Facility charge	N	10	86	- 95	12345678.00	37
15	Professional charge	N	10	96	- 105	12345678.00	37
16	Primary payer category	A	2	134	- 135	1 - 10,13,99	41
17	Record ID number	N	8	154	- 161	30123456	43
18	MS-DRG	N	3	200	- 202	1 - 999	54
19	MS-MDC	N	3	203	- 205	1-25, 0	72

A=Alphanumeric characters N=All numeric characters

DESCRIPTION OF DATA ELEMENTS

Provider Identifier: (see Appendix C for hospital characteristics)

Hospital from which patient was discharged.

101 = BEAVER VALLEY HOSPITAL
102 = MILFORD VALLEY MEMORIAL HOSPITAL - CAH
103 = BRIGHAM CITY COMMUNITY HOSPITAL
104 = BEAR RIVER VALLEY HOSPITAL
105 = LOGAN REGIONAL HOSPITAL
106 = CASTLEVIEW HOSPITAL
107 = LAKEVIEW HOSPITAL
108 = DAVIS HOSPITAL & MEDICAL CENTER
109 = UINTAH BASIN MEDICAL CENTER
110 = GARFIELD MEMORIAL HOSPITAL
111 = MOAB REGIONAL HOSPITAL - CAH (formerly ALLEN MEMORIAL
HOSPITAL - CAH)
112 = VALLEY VIEW MEDICAL CENTER
113 = CENTRAL VALLEY MEDICAL CENTER - CAH
114 = KANE COUNTY HOSPITAL
115 = FILLMORE COMMUNITY MEDICAL CENTER - CAH
116 = DELTA COMMUNITY MEDICAL CENTER - CAH
117 = JORDAN VALLEY MEDICAL CENTER
118 = ALTA VIEW HOSPITAL
119 = COTTONWOOD HOSPITAL (Closed--Data through 3rd Qtr 2007)
120 = SALT LAKE REGIONAL MEDICAL CENTER
121 = LDS HOSPITAL
122 = PRIMARY CHILDREN'S MEDICAL CENTER
124 = ST. MARK'S HOSPITAL
125 = UNIVERSITY HEALTH CARE (UHC)/UNIVERSITY HOSPITALS &
CLINICS
126 = PIONEER VALLEY HOSPITAL
127 = MONUMENT VALLEY ADVENTIST HOSPITAL(Closed--data through 4th
Qtr 1995)
128 = SAN JUAN HOSPITAL - CAH
129 = GUNNISON VALLEY HOSPITAL - CAH
130 = SANPETE VALLEY HOSPITAL - CAH
132 = SEVIER VALLEY MEDICAL CENTER
133 = MOUNTAIN WEST MEDICAL CENTER
134 = ASHLEY REGIONAL MEDICAL CENTER
135 = OREM COMMUNITY HOSPITAL
136 = AMERICAN FORK HOSPITAL
137 = MOUNTAIN VIEW HOSPITAL
138 = UTAH VALLEY REGIONAL MEDICAL CENTER
139 = HEBER VALLEY MEDICAL CENTER - CAH
140 = DIXIE REGIONAL MEDICAL CENTER
141 = MCKAY-DEE HOSPITAL CENTER
142 = OGDEN REGIONAL MEDICAL CENTER

143 = ROCKY MOUNTAIN HOSPITAL(Closed--Data through 2nd Qtr 2001)
 144 = TIMPANOGOS REGIONAL HOSPITAL
 145 = CACHE VALLEY SPECIALTY HOSPITAL
 146 = INTERMOUNTAIN MEDICAL CENTER
 147 = PARK CITY MEDICAL CENTER
 148 = RIVERTON HOSPITAL
 201 = BENCHMARK BEHAVIORAL HEALTH SYSTEMS
 202 = CHARTER SUMMIT HOSPITAL (Closed--data through 3rd Qtr 1993)
 204 = COPPER HILLS YOUTH CENTER (No longer licensed as a hospital--
 data through 4th Qtr 2001)
 205 = WASATCH CANYONS HOSPITAL (Closed--data through 3rd Qtr. 1995)
 206 = UNIVERSITY OF UTAH NEUROPSYCHIATRIC INSTITUTE
 207 = BENCHMARK SOUTH REGIONAL HOSPITAL(Closed--data through 4th Qtr
 1998)
 209 = UTAH STATE HOSPITAL (Now exempt from reporting--data through
 4th Qtr 1995)
 302 = HIGHLAND RIDGE HOSPITAL
 304 = BONNEVILLE HEALTH & REHABILITATION CENTER(Closed--data
 through 4th Qtr 2000)
 305 = SHRINER'S HOSPITAL FOR CHILDREN
 306 = HEALTHSOUTH REHABILITATION HOSPITAL
 307 = THE ORTHOPEDIC SPECIALTY HOSPITAL
 308 = PROMISE HOSPITAL OF SALT LAKE
 309 = UHC/UNIVERSITY OF UTAH ORTHOPEDIC CENTER
 310 = UHC/UNIVERSITY OF UTAH HUNTSMAN CANCER INSTITUTE
 311 = UTAH VALLEY SPECIALTY HOSPITAL
 801 = VETERANS ADMINISTRATION MEDICAL CENTER
 803 = USAF HOSPITAL HILL/SGA (No data--exempt from reporting)
 CAH = Critical Access Hospital

Patient's Age (as of last birthday) at the Date of Discharge

0 = 1-28 days
 1 = 29-365 days
 2 = 1 - 4
 3 = 5 - 9
 4 = 10 - 14
 5 = 15 - 17
 6 = 18 - 19
 7 = 20 - 24
 8 = 25 - 29
 9 = 30 - 34
 10 = 35 - 39
 11 = 40 - 44
 12 = 45 - 49
 13 = 50 - 54
 14 = 55 - 59
 15 = 60 - 64

16 = 65 - 69
17 = 70 - 74
18 = 75 - 79
19 = 80 - 84
20 = 85 - 89
21 = 90 +
66 = Encrypted (confidential data)
99 = Unknown
Blank = Not reported

Patient's Gender

M = Male
F = Female
U = Unknown
E = Encrypted (confidential data)
Blank = Not reported

Type of Admission

1 = Emergency
2 = Urgent
3 = Elective
4 = Newborn
5 = Trauma Center
9 = Unknown
Blank = Not reported

Source of Admission/Point of Origin for Non-Newborns

0 = Newborns
1 = Physician Referral
The patient was admitted to this facility upon the recommendation of his or her personal physician.
(See code 3 if the physician has an HMO affiliation.)
2 = Clinic Referral
The patient was admitted to this facility upon recommendation of this facility's clinic physician.
3 = HMO referral
The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.
4 = Transfer from a hospital
The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.

- 5 = Transfer from a skilled nursing facility
The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
- 6 = Transfer from another health care facility
The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.
- 7 = Emergency room
The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.
- 8 = Court/Law enforcement
The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
- 9 = Information not available
The means by which the patient was admitted to this hospital is not known.
- A = Transfer from a critical access hospital
- B = Transfer from another HHA
- C = Readmission to same HHA
- D = Transfer from hospital inpatient in same facility
- E = Transfer from Ambulatory Surgery Center
- F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program
- Blank = Not reported

FOR UTAH STATE HOSPITAL ONLY:

- 3 = Family Services Referral

Source of Admission/Point of Origin for Newborns

- 0 = Non newborns
- 1 = Normal delivery
A baby delivered without complications.
- 2 = Premature delivery
A baby delivered with time or weight factors qualifying it for premature status.
- 3 = Sick baby
A baby delivered with medical complications, other than those relating to premature status.
- 4 = Extramural birth
A baby born in a non-sterile environment.
- 5 = Born inside this hospital (starting Q4 07)
- 6 = Born outside this hospital (starting Q4 07)
- 9 = Information not available.
- Blank = Not reported

Length of Stay

Total days stayed in hospital from the date of admission to the date of discharge.

Blank = Not reported

Patient's Discharge Status

- 01 = Discharged to home or self care, routine discharge
- 02 = Discharged/transferred to another short-term general hospital
- 03 = Discharged/transferred to skilled nursing facility
- 04 = Discharged/transferred to an intermediate care facility
- 05 = Discharged/transferred to another type of institution; starting April 1, 2008, discharged/transferred to a designated cancer center or children's hospital
- 06 = Discharged/transferred to home under care of organized home health service organization
- 07 = Left against medical advice
- 08 = Discharged/transferred to home under care of a home IV provider
- 09 = Unknown
- 20 = Expired
- 21 = Discharged/transferred to Court/Law enforcement
- 40 = Expired at home
- 41 = Expired in a medical facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
- 42 = Expired - place unknown
- 43 = Discharged/transferred to federal facility
- 50 = Discharged/transferred to hospice - home
- 51 = Discharged/transferred to hospice - medical facility
- 61 = Discharged/transferred within institution to hospital based Medicare swing bed
- 62 = Discharged/transferred to another rehab facility including distinct units in hospital
- 63 = Discharged/transferred to a long term care hospital
- 64 = Discharged/transferred to a nursing facility certified under medicaid but not certified under medicare
- 65 = Discharged/transferred to a psychiatric hospital or psychiatric unit of a hospital

66 = Discharged/transferred to a Critical Access Hospital
70 = Discharged/transferred/referred to another type of
health care institution not defined elsewhere in this
code list
71 = Discharged/transferred/referred to another
institution for outpatient (as per plan of care)
72 = Discharged/transferred to this institution
for outpatient services(as per plan of care)
Blank = Not reported

Patient's Residential Zip Code

84000-84799 = Zip codes in Utah
-4444=Homeless (word homeless or homeless code of ZZZZZ given as
address)
-5555=Unknown Utah(Unknown/invalid zip code with Utah address)
(Note: If the city is present in the address but the zip code is not,
the zip code variable is coded as -5555 while the county variable is
coded with the actual county identifier)
-6666=Encrypted (confidential data)
-8888=Unknown (completely missing address information)
-9999=Outside U.S.A. (foreign address)

If less than 30 discharges occurred for a Utah zip code area,
this zip code was mapped into the county code:

Beave	=	Beaver
BoxEl	=	Box Elder
Cache	=	Cache
Carbo	=	Carbon
Dagge	=	Daggett
Davis	=	Davis
Duche	=	Duchesne
Emery	=	Emery
Garfi	=	Garfield
Iron	=	Iron
Milla	=	Millard
Morga	=	Morgan
Piute	=	Piute
Rich	=	Rich
SaltL	=	Salt Lake
SanJu	=	San Juan
Sanpe	=	Sanpete
Sevie	=	Sevier
Summi	=	Summit
Tooel	=	Tooele
Uinta	=	Uintah
Washi	=	Washington
Wayne	=	Wayne
Weber	=	Weber

A quick way to identify the city associated with a zip code is to use the United States Postal Service website:

http://www.usps.gov/ncsc/lookups/lookup_ctystzip.html

If less than 30 discharges occurred for a non Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMA
AK = ALASKA
AZ = ARIZONA
AR = ARKANSAS
CA = CALIFORNIA
CO = COLORADO
CT = CONNECTICUT
DE = DELAWARE
DC = DISTRICT OF COLUMBIA
FL = FLORIDA
GA = GEORGIA
HI = HAWAII
ID = IDAHO
IL = ILLINOIS
IN = INDIANA
IA = IOWA
KS = KANSAS
KY = KENTUCKY
LA = LOUISIANA
ME = MAINE
MD = MARYLAND
MA = MASSACHUSETTS
MI = MICHIGAN
MN = MINNESOTA
MS = MISSISSIPPI
MO = MISSOURI
MT = MONTANA
NE = NEBRASKA
NV = NEVADA
NH = NEW HAMPSHIRE
NJ = NEW JERSEY
NM = NEW MEXICO
NY = NEW YORK
NC = NORTH CAROLINA
ND = NORTH DAKOTA
OH = OHIO
OK = OKLAHOMA
OR = OREGON
PA = PENNSYLVANIA
RI = RHODE ISLAND
SC = SOUTH CAROLINA
SD = SOUTH DAKOTA
TN = TENNESSEE

TX = TEXAS
UT = UTAH
VT = VERMONT
VA = VIRGINIA
WA = WASHINGTON
WV = WEST VIRGINIA
WI = WISCONSIN
WY = WYOMING
PR = PUERTO RICO
GU = GUAM

Patient's Residential County

1= Box Elder
2= Cache
3= Rich
4= Morgan
5= Weber
6= Davis
7= Salt Lake
8= Summit
9= Tooele
10= Utah
11= Wasatch
12= Daggett
13= Duchesne
14= Uintah
15= Juab
16= Millard
18= Sanpete
17= Piute
19= Sevier
20= Wayne
21= Carbon
22= Emery
23= Grand
24= San Juan
25= Beaver
26= Garfield
27= Iron
28= Kane
29= Washington
30= Multi-County (used in earlier versions of
dataset, the category has been eliminated)
44= Homeless (word 'homeless' or homeless code of ZZZZZ
given as address)
55= Unknown Utah (unknown city & zip but 'Utah' in
address)
77= Outside Utah (but in U.S.A.)
88= Unknown (completely missing address information)
99= Outside U.S.A. (foreign address)

Suggested Division of Local Areas:

Definition	County Code (see above)
1. Urban vs. Rural	
Urban Areas	5,6,7,10
Rural Areas	1-4, 8-9, 11-29
Excluding	30,44,55,77,88,99
2. Wasatch Front Area	
Yes	5,6,7,10
No	1-4, 8-9, 11-29
Excluding	30,44,55,77,88,99
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis County	6
Salt Lake County	7
Summit County	8
Tooele County	9
Utah County	10
Wasatch County	11
Uintah Basin	12-14
Central Utah	15-20
Southeastern Utah	21-24
Southwest Utah	25-29

Patient's Cross-County Migrant Status (hospital in different county than patient residence)

Y = Yes (includes out-of-state, foreign, out-of-county, homeless)
 N = No (from same county)
 U = Unknown (includes unknown and unknown but Utah residence)

Patient's Marital Status

S = Single
 M = Married
 X = Legally Separated

D = Divorced
W = Widowed
P = Life Partner
U = Unknown
Blank = Not reported

Patient's Race and Ethnicity

W = White, non Hispanic origin
WH = White, Hispanic origin
NW = Non-white, Hispanic origin
NH = Non-white, non Hispanic origin
UK = Unknown
Blank = Not reported

Principal Diagnosis Code

ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

The ICD-9-CM diagnosis codes can be looked up on the internet at Yaki Technologies' website "www.eicd.com/eicdmain.htm".

Secondary Diagnosis Code 1 through Secondary Diagnosis Code 8

Definition and category are the same as Principal Diagnosis Code

V-codes and secondary E-codes are also placed in these Secondary Diagnosis Code fields (both can be looked up at "www.eicd.com/eicdmain.htm").

Principal Procedure Code

ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

Secondary Procedure Code 1 through Secondary Procedure Code 5

Definition and category are the same as Principal Procedure Code

Diagnosis Related Group (DRG) Version 24 (data through 3rd quarter 2007)

1* CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA (prior to 10-1-02)
1* CRANIOTOMY AGE >17 WITH COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
2* CRANIOTOMY FOR TRAUMA AGE >17 (prior to 10-1-02)
2* CRANIOTOMY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES (beginning 10-1-02)
3 CRANIOTOMY AGE 0-17
4* SPINAL PROCEDURES (prior to 10-1-03; no DRG 4 beginning 10-1-03 when DRGs 531-532 were added)
5* EXTRACRANIAL VASCULAR PROCEDURES (prior to 10-1-03; no DRG 5 beginning 10-1-03 when DRGs 533-534 were added)
6 CARPAL TUNNEL RELEASE
7 PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
8 PERIPHERAL & CRANIAL NERVE & OTHER NERVE SYSTEM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
9 SPINAL DISORDERS & INJURIES
10 NERVOUS SYSTEM NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
11 NERVOUS SYSTEM NEOPLASMS WITHOUT COMPLICATIONS, COMORBIDITIES
12 DEGENERATIVE NERVOUS SYSTEM DISORDERS
13 MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
14* SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TRANSIENT ISCHEMIC ATTACK (prior to 10-1-02)
14* INTRA CRANIAL HEMORRHAGE AND STROKE WITH INFARCTION (beginning 10-1-02, used to 10-1-04)
14* INTRACRANIAL HEMORRHAGE & STROKE W/ INFARCTION (beginning 10-1-03)
14* INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION (beginning 10-1-04)
15* TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS (prior to 10-1-02)
15* NONSPECIFIC CEREBROVASCULAR AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION (beginning 10-1-02)
16 NONSPECIFIC CEREBROVASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES
17 NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
18 CRANIAL & PERIPHERAL NERVE DISORDERS WITH COMPLICATIONS, COMORBIDITIES
19 CRANIAL & PERIPHERAL NERVE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES
20* NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS (prior to 10-1-06)
21 VIRAL MENINGITIS
22 HYPERTENSIVE ENCEPHALOPATHY
23 NONTRAUMATIC STUPOR & COMA
24* SEIZURE & HEADACHE AGE >17 WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
25* SEIZURE & HEADACHE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-06)
26 SEIZURE & HEADACHE AGE 0-17
27 TRAUMATIC STUPOR & COMA, COMA >1 HR
28 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITH COMPLICATIONS, COMORBIDITIES
29 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
30 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
31 CONCUSSION AGE >17 WITH COMPLICATIONS, COMORBIDITIES
32 CONCUSSION AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
33 CONCUSSION AGE 0-17
34 OTHER DISORDERS OF NERVOUS SYSTEM WITH COMPLICATIONS, COMORBIDITIES
35 OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT COMPLICATION, COMORBIDITIES
36 RETINAL PROCEDURES

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37 ORBITAL PROCEDURES
38 PRIMARY IRIS PROCEDURES
39 LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
40 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
41 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
42 INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
43 HYPHEMA
44 ACUTE MAJOR EYE INFECTIONS
45 NEUROLOGICAL EYE DISORDERS
46 OTHER DISORDERS OF THE EYE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
47 OTHER DISORDERS OF THE EYE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
48 OTHER DISORDERS OF THE EYE AGE 0-17
49 MAJOR HEAD & NECK PROCEDURES
50 SIALOADENECTOMY
51 SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
52 CLEFT LIP & PALATE REPAIR
53 SINUS & MASTOID PROCEDURES AGE >17
54 SINUS & MASTOID PROCEDURES AGE 0-17
55 MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
56 RHINOPLASTY
57 TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,
AGE >17
58 TONSIL & ADENOID PROCEDURES, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,
AGE 0-17
59 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
60 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
61 MYRINGOTOMY WITH TUBE INSERTION AGE >17
62 MYRINGOTOMY WITH TUBE INSERTION AGE 0-17
63 OTHER EAR, NOSE, MOUTH & THROAT OPERATING ROOM PROCEDURES
64 EAR, NOSE, MOUTH & THROAT MALIGNANCY
65 DISEQUILIBRIUM
66 EPISTAXIS
67 EPIGLOTTITIS
68 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
69 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE > 17 WITHOUT
COMPLICATIONS, COMORBIDITIES
70 OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE 0-17
71 LARYNGOTRACHEITIS
72 NASAL TRAUMA & DEFORMITY
73 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
74 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
75 MAJOR CHEST PROCEDURES
76 OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITH COMPLICATIONS,
COMORBIDITIES
77 OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES
78 PULMONARY EMBOLISM
79 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
80 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
81 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17

Diagnosis Related Group (DRG) Version 24 (data through 3rd quarter 2007)

82 RESPIRATORY NEOPLASMS
83 MAJOR CHEST TRAUMA WITH COMPLICATIONS, COMORBIDITIES
84 MAJOR CHEST TRAUMA WITHOUT COMPLICATIONS, COMORBIDITIES
85 PLEURAL EFFUSION WITH COMPLICATIONS, COMORBIDITIES
86 PLEURAL EFFUSION WITHOUT COMPLICATIONS, COMORBIDITIES
87 PULMONARY EDEMA & RESPIRATORY FAILURE
88 CHRONIC OBSTRUCTIVE PULMONARY DISEASE
89 SIMPLE PNEUMONIA & PLEURISY AGE >17 WITH COMPLICATIONS, COMORBIDITIES
90 SIMPLE PNEUMONIA & PLEURISY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
91 SIMPLE PNEUMONIA & PLEURISY AGE 0-17
92 INTERSTITIAL LUNG DISEASE WITH COMPLICATIONS, COMORBIDITIES
93 INTERSTITIAL LUNG DISEASE WITHOUT COMPLICATIONS, COMORBIDITIES
94 PNEUMOTHORAX WITH COMPLICATIONS, COMORBIDITIES
95 PNEUMOTHORAX WITHOUT COMPLICATIONS, COMORBIDITIES
96 BRONCHITIS & ASTHMA AGE >17 WITH COMPLICATIONS, COMORBIDITIES
97 BRONCHITIS & ASTHMA AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
98 BRONCHITIS & ASTHMA AGE 0-17
99 RESPIRATORY SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES
100 RESPIRATORY SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES
101 OTHER RESPIRATORY SYSTEM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES
102 OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES
103* HEART TRANSPLANT (prior to 10-1-04)
103* HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM (beginning 10-1-04)
104* CARDIAC VALVE PROCEDURES WITH CARDIAC CATHETER (prior to 10-1-98)
104* CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETER
(beginning 10-1-98)
105* CARDIAC VALVE PROCEDURES WITHOUT CARDIAC CATHETER (prior to 10-1-98)
105* CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC WITHOUT CARDIAC CATHETER
(beginning 10-1-98)
106* CORONARY BYPASS WITH CARDIAC CATHETER (prior to 10-1-98)
106* CORONARY BYPASS WITH PTCA (beginning 10-1-98)
107* CORONARY BYPASS WITHOUT CARDIAC CATHETER (prior to 10-1-98)
107* CORONARY BYPASS WITH CARDIAC CATHETER (beginning 10-1-98; no DRG 107
beginning 10-1-05 when DRGs 547-548 were added)
108 OTHER CARDIOTHORACIC PROCEDURES
109* CORONARY BYPASS WITHOUT CARDIAC CATHETER (beginning 10-1-98; no DRG 109
beginning 10-1-05 when DRGs 549-550 were added)
110 MAJOR CARDIOVASCULAR PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
111 MAJOR CARDIOVASCULAR PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
112* PERCUTANEOUS CARDIOVASCULAR PROCEDURES (prior to 10-1-01; no DRG 112
beginning 10-1-01 when DRGs 516-518 were added)
113 AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
114 UPPER LIMB & TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS
115* PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL INFARCTION, HEART
FAILURE OR SHOCK (prior to 10-1-97)
115* PERMANENT CARDIAC PACEMAKER IMPLANT WITH ACUTE MYOCARDIAL INFARCTION, HEART
FAILURE OR SHOCK, OR AICD LEAD OR GENERATOR PROC (beginning 10-1-97; no
DRG 115 beginning 10-1-05 when DRG 551 was added)
116* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR AICD LEAD OR GENERATOR PROC
(prior to 10-1-97)
116* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT OR PTCA WITH CORONARY ARTERY
STENT IMPLANT (between 10-1-97 and 10-1-01)
116* OTHER CARDIAC PACEMAKER IMPLANTATION (beginning 10-1-01; no DRG 116

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beginning 10-1-05 when DRG 552 was added)

117 CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT

118 CARDIAC PACEMAKER DEVICE REPLACEMENT

119 VEIN LIGATION & STRIPPING

120 OTHER CIRCULATORY SYSTEM OPERATING ROOM PROCEDURES

121* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & CARDIOVASCULAR
COMPLICATIONS, DISCHARGED ALIVE (prior to 10-1-97)

121* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION & MAJOR
COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)

122* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT
CARDIOVASCULAR COMPLICATION, DISCHARGED ALIVE (prior to 10-1-97)

122* CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION WITHOUT MAJOR
COMPLICATION, DISCHARGED ALIVE (beginning 10-1-97)

123 CIRCULATORY DISORDERS WITH ACUTE MYOCARDIAL INFARCTION, EXPIRED

124 CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC
CATHETER & COMPLEX DIAGNOSES

125 CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC
CATHETER WITHOUT COMPLEX DIAGNOSES

126 ACUTE & SUBACUTE ENDOCARDITIS

127 HEART FAILURE & SHOCK

128 DEEP VEIN THROMBOPHLEBITIS

129 CARDIAC ARREST, UNEXPLAINED

130 PERIPHERAL, VASCULAR DISORDERS WITH COMPLICATIONS, COMORBIDITIES

131 PERIPHERAL VASCULAR DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

132 ATHEROSCLEROSIS WITH COMPLICATIONS, COMORBIDITIES

133 ATHEROSCLEROSIS WITHOUT COMPLICATIONS, COMORBIDITIES

134 HYPERTENSION

135 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

136 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

137 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17

138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITH COMPLICATIONS, COMORBIDITIES

139 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS WITHOUT COMPLICATIONS,
COMORBIDITIES

140 ANGINA PECTORIS

141 SYNCOPE & COLLAPSE WITH COMPLICATIONS, COMORBIDITIES

142 SYNCOPE & COLLAPSE WITHOUT COMPLICATIONS, COMORBIDITIES

143 CHEST PAIN

144 OTHER CIRCULATORY SYSTEM DIAGNOSES WITH COMPLICATIONS, COMORBIDITIES

145 OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT COMPLICATIONS, COMORBIDITIES

146 RECTAL RESECTION WITH COMPLICATIONS, COMORBIDITIES

147 RECTAL RESECTION WITHOUT COMPLICATIONS, COMORBIDITIES

148* MAJOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
(prior to 10-1-06)

149 MAJOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

150 PERITONEAL ADHESIOLYSIS WITH COMPLICATIONS, COMORBIDITIES

151 PERITONEAL ADHESIOLYSIS WITHOUT COMPLICATIONS, COMORBIDITIES

152 MINOR SMALL & LARGE BOWEL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

153 MINOR SMALL & LARGE BOWEL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

154* STOMACH, ESOPHAGEAL, & DUODENAL PROCEDURES AGE >17 WITH COMPLICATIONS,
COMORBIDITIES (prior to 10-1-06)

155 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 WITHOUT COMPLICATIONS,

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COMORBIDITIES

156 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17

157 ANAL & STOMAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

158 ANAL & STOMAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

159 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

160 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

161 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

162 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

163 HERNIA PROCEDURES AGE 0-17

164 APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS,
COMORBIDITIES

165 APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS,
COMORBIDITIES

166 APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH COMPLICATIONS,
COMORBIDITIES

167 APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT COMPLICATIONS,
COMORBIDITIES

168 MOUTH PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

169 MOUTH PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

170 OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITH COMPLICATIONS,
COMORBIDITIES

171 OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES

172 DIGESTIVE MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES

173 DIGESTIVE MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES

174 GASTROINTESTINAL HEMORRHAGE WITH COMPLICATIONS, COMORBIDITIES

175 GASTROINTESTINAL HEMORRHAGE WITHOUT COMPLICATIONS, COMORBIDITIES

176 COMPLICATED PEPTIC ULCER

177 UNCOMPLICATED PEPTIC ULCER WITH COMPLICATIONS, COMORBIDITIES

178 UNCOMPLICATED PEPTIC ULCER WITHOUT COMPLICATIONS, COMORBIDITIES

179 INFLAMMATORY BOWEL DISEASE

180 GASTROINTESTINAL OBSTRUCTION WITH COMPLICATIONS, COMORBIDITIES

181 GASTROINTESTINAL OBSTRUCTION WITHOUT COMPLICATIONS, COMORBIDITIES

182 ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17
WITH COMPLICATIONS, COMORBIDITIES

183 ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE >17
WITHOUT COMPLICATIONS, COMORBIDITIES

184 ESOPHAGITIS, GASTROENTERITIS, & MISCELLANEOUS DIGESTIVE DISORDERS AGE 0-17

185 DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS AGE >17

186 DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17

187 DENTAL EXTRACTIONS & RESTORATIONS

188 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITH COMPLICATIONS, COMORBIDITIES

189 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

190 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17

191 PANCREAS, LIVER & SHUNT PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

192 PANCREAS, LIVER & SHUNT PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

193 BILIARY TACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON
DUCT EXPLORATION WITH COMPLICATIONS, COMORBIDITIES

194 BILIARY TRACT PROCEDURES EXCEPT ONLY TOTAL CHOLECYST WITH OR WITHOUT COMMON

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DUCT EXPLORATION WITHOUT COMPLICATIONS, COMORBIDITIES
195 CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITH COMPLICATIONS,
COMORBIDITIES
196 CHOLECYSTECTOMY WITH COMMON DUCT EXPLORATION WITHOUT COMPLICATIONS,
COMORBIDITIES
197 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION WITH
COMPLICATIONS, COMORBIDITIES
198 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT COMMON DUCT EXPLORATION
WITHOUT COMPLICATIONS, COMORBIDITIES
199 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201 OTHER HEPATOBILIARY OR PANCREAS OPERATING ROOM PROCEDURES
202 CIRRHOSIS & ALCOHOLIC HEPATITIS
203 MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS
204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY
205 DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITH
COMPLICATIONS, COMORBIDITIES
206 DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS
WITHOUT COMPLICATIONS, COMORBIDITIES
207 DISORDERS OF THE BILIARY TRACT WITH COMPLICATIONS, COMORBIDITIES
208 DISORDERS OF THE BILIARY TRACT WITHOUT COMPLICATIONS, COMORBIDITIES
209* MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY (no DRG 209
beginning 10-1-05 when DRGs 544-545 were added)
210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
211 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
212 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213 AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DISORDERS
214* BACK & NECK PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97;
no DRG 214 beginning 10-1-97 when DRGs 497-500 were added)
215* BACK & NECK PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to
10-1-07; no DRG 215 beginning 10-1-97 when DRGs 497-500 were added)
216 BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217 WOUND DEBRIDEMENT & SKIN GRAFT EXCEPT HAND, FOR MUSCULOSKELETAL &
CONNECTIVE TISSUE DISORDERS AGE>17 WITH COMPLICATIONS, COMORBIDITIES
218 LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE>17
COMPLICATIONS, COMORBIDITIES
219 LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE>17
WITHOUT COMPLICATIONS, COMORBIDITIES
220 LOWER EXTREMITY & HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR AGE 0-17
221* KNEE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no
DRG 221 beginning 10-1-97 when DRGs 501-503 were added)
222* KNEE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-97; no
DRG 222 beginning 10-1-97 when DRGs 501-503 were added)
223 MAJOR SHOULDER/ELBOW PROCEDURE, OR OTHER UPPER EXTREMITY PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
224 SHOULDER, ELBOW OR FOREARM PROCEDURE, EXCEPT MAJOR JOINT PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES
225 FOOT PROCEDURES
226 SOFT TISSUE PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
227 SOFT TISSUE PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
228 MAJOR THUMB OR JOINT PROCEDURE, OR OTHER HAND OR WRIST PROCEDURE WITH
COMPLICATIONS, COMORBIDITIES

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229 HAND OR WRIST PROCEDURE, EXCEPT MAJOR JOINT PROCEDURE, WITHOUT
COMPLICATIONS, COMORBIDITIES

230 LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES OF HIP & FEMUR

231* LOCAL EXCISION & REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP & FEMUR
(prior to 10-1-03; no DRG 231 beginning 10-1-03 and DRGs 537-538 were
added)

232 ARTHROSCOPY

233 OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES
WITH COMPLICATIONS, COMORBIDITIES

234 OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE OPERATING ROOM PROCEDURES
WITHOUT COMPLICATIONS, COMORBIDITIES

235 FRACTURES OF FEMUR

236 FRACTURES OF HIP & PELVIS

237 SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH

238 OSTEOMYELITIS

239 PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONNECTIVE TISSUE MALIGNANCY

240 CONNECTIVE TISSUE DISORDERS WITH COMPLICATIONS, COMORBIDITIES

241 CONNECTIVE TISSUE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

242 SEPTIC ARTHRITIS

243 MEDICAL BACK PROBLEMS

244 BONE DISEASES & SPECIFIC ARTHROPATHIES WITH COMPLICATIONS, COMORBIDITIES

245 BONE DISEASES & SPECIFIC ARTHROPATHIES WITHOUT COMPLICATIONS, COMORBIDITIES

246 NON-SPECIFIC ARTHROPATHIES

247 SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE

248 TENDINITIS, MYOSITIS & BURSITIS

249 AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE

250 FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17 WITH
COMPLICATIONS, COMORBIDITIES

251 FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF FOREARM, HAND, FOOT AGE >17
WITHOUT COMPLICATIONS, COMORBIDITIES

252 FRACTURE, SPRAIN, STRAIN & DISLOCATION OF FOREARM, HAND, FOOT AGE 0-17

253 FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT
AGE >17 WITH COMPLICATIONS, COMORBIDITIES

254 FRACTURE, SPRAIN, STRAIN & DISLOCATION OF UPPER ARM, LOWER LEG, EXCEPT FOOT
AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES

255 FRACTURE, SPRAIN, STRAIN, & DISLOCATION OF UPPER ARM, LOWER LEG EXCEPT FOOT
AGE 0-17

256 OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSIS

257 TOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES

258 TOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES

259 SUBTOTAL MASTECTOMY FOR MALIGNANCY WITH COMPLICATIONS, COMORBIDITIES

260 SUBTOTAL MASTECTOMY FOR MALIGNANCY WITHOUT COMPLICATIONS, COMORBIDITIES

261 BREAST PROCEDURE FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION

262 BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY

263 SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITH
COMPLICATIONS, COMORBIDITIES

264 SKIN GRAFT &/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITHOUT
COMPLICATIONS, COMORBIDITIES

265 SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH
COMPLICATIONS, COMORBIDITIES

266 SKIN GRAFT &/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT
COMPLICATIONS, COMORBIDITIES

267 PERIANAL & PILONIDAL PROCEDURES

268 SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES

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269 OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITH COMPLICATIONS,
COMORBIDITIES

270 OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES WITHOUT COMPLICATIONS,
COMORBIDITIES

271 SKIN ULCERS

272 MAJOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES

273 MAJOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

274 MALIGNANT BREAST DISORDERS WITH COMPLICATIONS, COMORBIDITIES

275 MALIGNANT BREAST DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

276 NON-MALIGNANT BREAST DISORDERS

277 CELLULITIS AGE >17 WITH COMPLICATIONS, COMORBIDITIES

278 CELLULITIS AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES

279 CELLULITIS AGE 0-17

280 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 WITH
COMPLICATIONS, COMORBIDITIES

281 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES

282 TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE 0-17

283 MINOR SKIN DISORDERS WITH COMPLICATIONS, COMORBIDITIES

284 MINOR SKIN DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

285 AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITION & METABOLIC DISORDERS

286 ADRENAL & PITUITARY PROCEDURES

287 SKIN GRAFTS & WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITION & METABOLIC
DISORDERS

288 OPERATING ROOM PROCEDURES FOR OBESITY

289 PARATHYROID PROCEDURES

290 THYROID PROCEDURES

291 THYROIDECTOMY PROCEDURES

292 OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES

293 OTHER ENDOCRINE, NUTRITION & METABOLIC OPERATING ROOM PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES

294 DIABETES AGE >35

295 DIABETES AGE 0-35

296 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

297 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE >17 WITHOUT
COMPLICATIONS, COMORBIDITIES

298 NUTRITIONAL & MISCELLANEOUS METABOLIC DISORDERS AGE 0-17

299 INBORN ERRORS OF METABOLISM

300 ENDOCRINE DISORDERS WITH COMPLICATIONS, COMORBIDITIES

301 ENDOCRINE DISORDERS WITHOUT COMPLICATIONS, COMORBIDITIES

302 KIDNEY TRANSPLANT

303 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM

304 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM WITH
COMPLICATIONS, COMORBIDITIES

305 KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM
WITHOUT COMPLICATIONS, COMORBIDITIES

306 PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES

307 PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES

308 MINOR BLADDER PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

309 MINOR BLADDER PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

310 TRANSURETHRAL PROCEDURES WITH COMPLICATIONS, COMORBIDITIES

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311 TRANSURETHRAL PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
312 URETHRAL PROCEDURES, AGE > 17 WITH COMPLICATIONS, COMORBIDITIES
313 URETHRAL PROCEDURES, AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
314 URETHRAL PROCEDURES, AGE 0-17
315 OTHER KIDNEY & URINARY TRACT OPERATING ROOM PROCEDURES
316 RENAL FAILURE
317 ADMIT FOR RENAL DIALYSIS
318 KIDNEY & URINARY TRACT NEOPLASMS WITH COMPLICATIONS, COMORBIDITIES
319 KIDNEY & URINARY TRACT NEOPLASMS WITHOUT COMPLICATIONS, COMORBIDITIES
320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITH COMPLICATIONS, COMORBIDITIES
321 KIDNEY & URINARY TRACT INFECTIONS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
322 KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
323 URINARY STONES WITH COMPLICATIONS, COMORBIDITIES, &/OR EXTRACORPOREAL SHOCK
WAVE LITHOTRIPSY
324 URINARY STONES WITHOUT COMPLICATIONS, COMORBIDITIES
325 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
326 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
327 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
328 URETHRAL STRICTURE AGE >17 WITH COMPLICATIONS, COMORBIDITIES
329 URETHRAL STRICTURE AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
330 URETHRAL STRICTURE AGE 0-17
331 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITH COMPLICATIONS,
COMORBIDITIES
332 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES
333 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
334 MAJOR MALE PELVIC PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
335 MAJOR MALE PELVIC PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
336 TRANSURETHRAL PROSTATECTOMY WITH COMPLICATIONS, COMORBIDITIES
337 TRANSURETHRAL PROSTATECTOMY WITHOUT COMPLICATIONS, COMORBIDITIES
338 TESTES PROCEDURES, FOR MALIGNANCY
339 TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340 TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341 PENIS PROCEDURES
342 CIRCUMCISION AGE >17
343 CIRCUMCISION AGE 0-17
344 OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES FOR MALIGNANCY
345 OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES EXCEPT FOR
MALIGNANCY
346 MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITH COMPLICATIONS, COMORBIDITIES
347 MALIGNANCY, MALE REPRODUCTIVE SYSTEM, WITHOUT COMPLICATIONS, COMORBIDITIES
348 BENIGN PROSTATIC HYPERTROPHY WITH COMPLICATIONS, COMORBIDITIES
349 BENIGN PROSTATIC HYPERTROPHY WITHOUT COMPLICATIONS, COMORBIDITIES
350 INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
351 STERILIZATION, MALE
352 OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
353 PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354 UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY
WITH COMPLICATIONS, COMORBIDITIES
355 UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN/ADNEXAL MALIGNANCY
WITHOUT COMPLICATIONS, COMORBIDITIES

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356 FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357 UTERINE & ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY
358 UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITH COMPLICATIONS,
COMORBIDITIES
359 UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITHOUT COMPLICATIONS,
COMORBIDITIES
360 VAGINA, CERVIX & VULVA PROCEDURES
361 LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362 ENDOSCOPIC TUBAL INTERRUPTION
363 DILATION & CURETTAGE, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364 DILATION & CURETTAGE, CONIZATION EXCEPT FOR MALIGNANCY
365 OTHER FEMALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES
366 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH COMPLICATIONS, COMORBIDITIES
367 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT COMPLICATIONS, COMORBIDITIES
368 INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
369 MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
370 CESAREAN SECTION WITH COMPLICATIONS, COMORBIDITIES
371 CESAREAN SECTION WITHOUT COMPLICATIONS, COMORBIDITIES
372 VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES
373 VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES
374 VAGINAL DELIVERY WITH STERILIZATION &/OR DILATION & CURETTAGE
375 VAGINAL DELIVERY WITH OPERATING ROOM PROCEDURE EXCEPT STERILIZATION &/OR
DILATION & CURETTAGE
376 POSTPARTUM & POST ABORTION DIAGNOSES WITHOUT OPERATING ROOM PROCEDURE
377 POSTPARTUM & POST ABORTION DIAGNOSES WITH OPERATING ROOM PROCEDURE
378 ECTOPIC PREGNANCY
379 THREATENED ABORTION
380 ABORTION WITHOUT DILATION & CURETTAGE
381 ABORTION WITH DILATION & CURETTAGE, ASPIRATION CURETTAGE OR HYSTEROTOMY
382 FALSE LABOR
383 OTHER ANTEPARTUM DIAGNOSES WITH MEDICAL COMPLICATIONS
384 OTHER ANTEPARTUM DIAGNOSES WITHOUT MEDICAL COMPLICATIONS
385 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
386 EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
387 PREMATUREITY WITH MAJOR PROBLEMS
388 PREMATUREITY WITHOUT MAJOR PROBLEMS
389 FULL TERM NEONATE WITH MAJOR PROBLEMS
390 NEONATE WITH OTHER SIGNIFICANT PROBLEMS
391 NORMAL NEWBORN
392 SPLENECTOMY AGE >17
393 SPLENECTOMY AGE 0-17
394 OTHER OPERATING ROOM PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
395 RED BLOOD CELL DISORDERS AGE >17
396 RED BLOOD CELL DISORDERS AGE 0-17
397 COAGULATION DISORDERS
398 RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITH COMPLICATIONS, COMORBIDITIES
399 RETICULOENDOTHELIAL & IMMUNITY DISORDERS WITHOUT COMPLICATIONS,
COMORBIDITIES
400* LYMPHOMA & LEUKEMIA WITH MAJOR OPERATING ROOM PROCEDURE (prior to 10-1-03;
no DRG 400 beginning 10-1-03 when DRGs 539-540 were added)
401 LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITH
COMPLICATIONS, COMORBIDITIES
402 LYMPHOMA & NON-ACUTE LEUKEMIA WITH OTHER OPERATING ROOM PROCEDURES WITHOUT
COMPLICATIONS, COMORBIDITIES

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403 LYMPHOMA & NON-ACUTE LEUKEMIA WITH COMPLICATIONS, COMORBIDITIES
404 LYMPHOMA & NON-ACUTE LEUKEMIA WITHOUT COMPLICATIONS, COMORBIDITIES
405 ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE 0-17
406 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR
OPERATING ROOM PROCEDURES WITH COMPLICATIONS, COMORBIDITIES
407 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH MAJOR
OPERATING ROOM PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES
408 MYELOPROLIFERATIVE DISORDER OR POORLY DIFFUSED NEOPLASMS WITH OTHER
OPERATING ROOM PROCEDURES
409 RADIOTHERAPY
410 CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
411 HISTORY OF MALIGNANCY WITHOUT ENDOSCOPY
412 HISTORY OF MALIGNANCY WITH ENDOSCOPY
413 OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES
WITH COMPLICATIONS, COMORBIDITIES
414 OTHER MYELOPROLIFERATIVE DISEASES OR POORLY DIFFUSED NEOPLASM DIAGNOSES
WITHOUT COMPLICATIONS, COMORBIDITIES
415* OPERATING ROOM PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES (prior to 10-
1-06)
416* SEPTICEMIA AGE >17 (prior to 10-1-06)
417 SEPTICEMIA AGE 0-17
418 POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
419 FEVER OF UNKNOWN ORIGIN AGE >17 WITH COMPLICATIONS, COMORBIDITIES
420 FEVER OF UNKNOWN ORIGIN AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES
421 VIRAL ILLNESS AGE >17
422 VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
423 OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
424 OPERATING ROOM PROCEDURE WITH PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
425* ACUTE ADJUSTMENT REACTIONS & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION
(prior to 10/01/99)
425* ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION (beginning 10/01/99)
426 DEPRESSIVE NEUROSES
427 NEUROSES EXCEPT DEPRESSIVE
428 DISORDERS OF PERSONALITY & IMPULSE CONTROL
429 ORGANIC DISTURBANCES & MENTAL RETARDATION
430 PSYCHOSES
431 CHILDHOOD MENTAL DISORDERS
432 OTHER MENTAL DISORDER DIAGNOSES
433 ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE
434* ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT
WITH COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no DRG 434 beginning
10-1-01 when DRGs 521-523 were added)
435* ALCOHOL/DRUG ABUSE OR DEPENDENCE, DETOXIFICATION OR OTHER SYMPTOM TREATMENT
WITHOUT COMPLICATIONS, COMORBIDITIES (prior to 10-1-01; no DRG 435
beginning 10-1-01 when DRGs 521-523 were added)
436* ALCOHOL/DRUG DEPENDENCE WITH REHABILITATION THERAPY (prior to 10-1-01; no
DRG 436 beginning 10-1-01 when DRGs 521-523 were added)
437* ALCOHOL/DRUG DEPENDENCE, COMBINED REHABILITATION & DETOXIFICATION THERAPY
(prior to 10-1-01; no DRG 437 beginning 10-1-01 when DRGs 521-523 were
added)
439 SKIN GRAFTS FOR INJURIES
440 WOUND DEBRIDEMENTS FOR INJURIES
441 HAND PROCEDURES FOR INJURIES
442 OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITH COMPLICATIONS,

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COMORBIDITIES

443 OTHER OPERATING ROOM PROCEDURES FOR INJURIES WITHOUT COMPLICATIONS,
COMORBIDITIES

444 TRAUMATIC INJURY AGE >17 WITH COMPLICATIONS, COMORBIDITIES

445 TRAUMATIC INJURY AGE >17 WITHOUT COMPLICATIONS, COMORBIDITIES

446 TRAUMATIC INJURY AGE 0-17

447 ALLERGIC REACTIONS AGE >17

448 ALLERGIC REACTIONS AGE 0-17

449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITH COMPLICATIONS,
COMORBIDITIES

450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 WITHOUT COMPLICATIONS,
COMORBIDITIES

451 POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17

452 COMPLICATIONS OF TREATMENT WITH COMPLICATIONS, COMORBIDITIES

453 COMPLICATIONS OF TREATMENT WITHOUT COMPLICATIONS, COMORBIDITIES

454 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITH COMPLICATIONS,
COMORBIDITIES

455 OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES WITHOUT COMPLICATIONS,
COMORBIDITIES

456* BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY (prior to 10-1-98; no
DRG 456 beginning 10-1-98 when DRGs 504-511 were added)

457* EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no
DRG 457 beginning 10-1-98 when DRGs 504-511 were added)

458* NON-EXTENSIVE BURNS WITH SKIN GRAFT (prior to 10-1-98; no
DRG 458 beginning 10-1-98 when DRGs 504-511 were added)

459* NON-EXTENSIVE BURNS WITH WOUND DEBRIDEMENT OR OTHER OPERATING ROOM
PROCEDURE (prior to 10-1-98; no DRG 459 beginning 10-1-98 when DRGs 504-
511 were added)

460* NON-EXTENSIVE BURNS WITHOUT OPERATING ROOM PROCEDURE (prior to 10-1-98; no
DRG 460 beginning 10-1-98 when DRGs 504-511 were added)

461 OPERATING ROOM PROCEDURE WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH
SERVICES

462 REHABILITATION

463 SIGNS & SYMPTOMS WITH COMPLICATIONS, COMORBIDITIES

464 SIGNS & SYMPTOMS WITHOUT COMPLICATIONS, COMORBIDITIES

465 AFTERCARE WITH HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS

466 AFTERCARE WITHOUT HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS

467 OTHER FACTORS INFLUENCING HEALTH STATUS

468 EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS

469 PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS

470 UNGROUPABLE

471 BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY

472* EXTENSIVE BURNS WITH OPERATING ROOM PROCEDURE (prior to 10-1-98; no DRG
472 beginning 10-1-05 when DRG 553 was added)

473 ACUTE LEUKEMIA WITHOUT MAJOR OPERATING ROOM PROCEDURE AGE >17

475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT

476 PROSTATIC OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS

477 NON-EXTENSIVE OPERATING ROOM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS

478* OTHER VASCULAR PROCEDURES WITH COMPLICATIONS, COMORBIDITIES (prior to 10-
1-05; no DRG 478 beginning 10-1-05 when DRGs 553-554 were added)

479 OTHER VASCULAR PROCEDURES WITHOUT COMPLICATIONS, COMORBIDITIES

480* LIVER TRANSPLANT (prior to 10-1-04)

480* LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT (beginning 10-1-04)

481 BONE MARROW TRANSPLANT

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482 TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
483* TRACHEOSTOMY EXCEPT FOR FACE, MOUTH, & NECK DIAGNOSES (prior to 10-1-02)
483* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS
EXCEPT FACE, MOUTH, & NECK (beginning 10-1-02, used to 10-1-04)
483* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS
EXCEPT FACE, MOUTH, AND NECK DIAGNOSES (prior to 10-1-04; no DRG 483
beginning 10-1-04 when DRGs 541-542 were added)
484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485 LIMB REATTACHMENT, HIP AND FEMUR PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA
486 OTHER OPERATING ROOM PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
487 OTHER MULTIPLE SIGNIFICANT TRAUMA
488 HIV WITH EXTENSIVE OPERATING ROOM PROCEDURE
489 HIV WITH MAJOR RELATED CONDITION
490 HIV WITH OR WITHOUT OTHER RELATED CONDITION
491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
492* CHEMOTHERAPY W/ ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS (prior to 10-1-03)
492* CHEMOTHERAPY W/ ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS OR WITH USE OF HIGH-
DOSE CHEMOTHERAPY AGENT (beginning 10-1-03)
493 LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITH
COMPLICATIONS, COMORBIDITIES
494 LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT COMMON DUCT EXPLORATION WITHOUT
COMPLICATIONS, COMORBIDITIES
495 LUNG TRANSPLANT
496* COMBINED ANTERIOR/POSTERIOR SPINAL FUSION (added 10-1-97)
497* SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and
10-1-01)
497* SPINAL FUSION EXCEPT CERVICAL WITH COMPLICATIONS AND COMORBIDITIES (added
10-1-01)
498* SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (between 10-1-97 and
10-1-01)
498* SPINAL FUSION EXCEPT CERVICAL WITHOUT COMPLICATIONS AND COMORBIDITIES
(added 10-1-01)
499* BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITH COMPLICATIONS AND
COMORBIDITIES (added 10-1-97)
500* BACK & NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT COMPLICATIONS AND
COMORBIDITIES (added 10-1-97)
501* KNEE PROCEDURES W PDX OF INFECTION WITH COMPLICATIONS AND COMORBIDITIES
(added 10-1-97)
502* KNEE PROCEDURES W PDX OF INFECTION WITHOUT COMPLICATIONS AND COMORBIDITIES
(added 10-1-97)
503* KNEE PROCEDURES WITHOUT PDX OF INFECTION (added 10-1-97)
504* EXTENSIVE 3rd DEGREE BURNS WITH SKIN GRAFT (added 10-1-98, used to 10-1-04)
504* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+
HOURS WITH SKIN GRAFT (beginning 10-1-04)
505* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITHOUT SKIN GRAFT (added 10-1-98,
used to 10-1-04)
505* EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+
HOURS WITHOUT SKIN GRAFT (beginning 10-1-04)
506* FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITH CC OR
SIGNIFICANT TRAUMA (added 10-1-98)
507* FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITHOUT CC OR
SIGNIFICANT TRAUMA (added 10-1-98)
508* FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY WITH CC OR
SIGNIFICANT TRAUMA (added 10-1-98)

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- 509* FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 510* NON-EXTENSIVE BURNS WITH CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 511* NON-EXTENSIVE BURNS WITHOUT CC OR SIGNIFICANT TRAUMA (added 10-1-98)
- 512* SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT (added 10-1-01)
- 513* PANCREAS TRANSPLANTS (added 10-1-01)
- 514* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION (added 10-1-01; no DRG 514 beginning 10-1-03 when replaced by DRG 535-DRG 536)
- 515* CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION (added 10-1-01)
- 516* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH ACUTE MYOCARDIAL INFARCTION (added 10-1-01; no DRG 516 beginning 10-1-05 when DRG 555 was added)
- 517* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION, WITH CORONARY ARTERY STENT IMPLANT (added 10-1-01; no DRG 517 beginning 10-1-05 when DRG 556 was added)
- 518* PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT ACUTE MYOCARDIAL INFARCTION, WITHOUT CORONARY ARTERY STENT IMPLANT (added 10-1-01)
- 519* CERVICAL SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 520* CERVICAL SPINAL FUSION WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 521* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 522* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 523* ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT COMPLICATIONS AND COMORBIDITIES (added 10-1-01)
- 524* TRANSIENT ISCHEMIA (added 10-1-02)
- 525* HEART ASSIST SYSTEM IMPLANT (added 10-1-02, used to 10-1-04)
- 525* OTHER HEART ASSIST SYSTEM IMPLANT (beginning 10-1-04)
- 526* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITH ACUTE MYOCARDIAL INFARCTION (added 04-1-03; no DRG 526 beginning 10-1-05 when DRG 557 was added)
- 527* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUDING STENT WITHOUT ACUTE MYOCARDIAL INFARCTION (added 04-1-03; no DRG 527 beginning 10-1-05 when DRG 558 was added)
- 528* INTRA CRANIAL VASCULAR PROCEDURE WITH PRINCIPAL DIAGNOSIS OF HEMORRHAGE (added 10-1-03)
- 529* VENTRICULAR SHUNT PROCEDURES WITH CC (added 10-1-03)
- 530* VENTRICULAR SHUNT PROCEDURES WITHOUT CC (added 10-1-03)
- 531* SPINAL PROCEDURES WITH CC (added 10-1-03)
- 532* SPINAL PROCEDURES WITHOUT CC (added 10-1-03)
- 533* EXTRACRANIAL VASCULAR PROCEDURES WITH CC (added 10-1-03)
- 534* EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC (added 10-1-03)
- 535* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH ACUTE MYOCARDIAL INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)
- 536* CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT ACUTE MYOCARDIAL INFARCTION (AMI), HEART FAILURE OR SHOCK (added 10-1-03)
- 537* LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC (added 10-1-03)
- 538* LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC (added 10-1-03)
- 539* LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC (added 10-1-03)
- 540* LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC (added 10-1-03)
- 541* ECMO OR TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL

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DIAGNOSES EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITH MAJOR OPERATING ROOM
PROCEDURE (added 10-1-04)

542* TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS
EXCEPT FACE, MOUTH AND NECK DIAGNOSES WITHOUT MAJOR OPERATING ROOM
PROCEDURE (added 10-1-04)

543* CRANIOTOMY WITH IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PRINCIPAL
DIAGNOSIS (after 10-1-04)

543* CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL
DIAGNOSIS (added 10-1-04 until 10-1-06)

544* MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY (added 10-1-05)

545* REVISION OF HIP OR KNEE REPLACEMENT (added 10-1-05)

546* SPINAL FUSIONS EXCEPT CERVICAL WITH CURVATURE OF THE SPINE OR MALIGNANCY
(added 10-1-05)

547* CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITH MCV DIAGNOSIS (added 10-
1-05)

548* CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITHOUT MCV DIAGNOSIS (added
10-1-05)

549* CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH MCV DIAGNOSIS (added
10-1-05)

550* CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHOUT MCV DIAGNOSIS
(added 10-1-05)

551* PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCV DIAGNOSIS OR AICD LEAD OR
GENERATOR (added 10-1-05)

552* OTHER PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT MCV DIAGNOSIS (added 10-
1-05)

553* OTHER VASCULAR PROCEDURES WITH COMPLICATIONS AND COMORBIDITIES (added 10-1-
05)

554* OTHER VASCULAR PROCEDURES WITHOUT COMPLICATIONS AND COMORBIDITIES (added
10-1-05)

555* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH MCV DIAGNOSIS (added 10-1-05)

556* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITHOUT
MCV DIAGNOSIS (added 10-1-05)

557* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITH MCV
DIAGNOSIS (added 10-1-05)

558* PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITHOUT
MCV DIAGNOSIS (added 10-1-05)

559* ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT (added 10-1-05)

560* BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM (added 10-1-06)

561* NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS (added
10-1-06)

562* SEIZURE AGE >17 W COMPLICATIONS & COMORBIDITIES (added 10-1-06)

563* SEIZURE AGE >17 WITHOUT COMPLICATIONS & COMORBIDITIES (added 10-1-06)

564* HEADACHES >17 (added 10-1-06)

565* RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HRS (added 10-1-
06)

566* RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HRS (added 10-1-
06)

567* STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W MAJOR GI DX (added 10-1-
06)

568* STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC W/O MAJOR GI DX (added 10-
1-06)

569* MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX (added 10-1-06)

570* MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX (added 10-1-06)

571* MAJOR ESOPHAGEAL DISORDERS (added 10-1-06)

Diagnosis Related Group (DRG) Version 24 (data through 3rd quarter 2007)

572* MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS (added 10-1-06)
573* MAJOR BLADDER PROCEDURES (added 10-1-06)
574* MAJOR HEMATOLOGIC/IMMUNOLOGIC DX EXCEP SCYLE CELL CRISIS & COAG (added 10-1-06)
575* SEPTICEMIA W MECHANICAL VENTILATOR 96+ HOURS AGE >17 (added 10-1-06)
576* SEPTICEMIA W MECHANICAL VENTILATOR W/O 96+ HOURS AGE >17 (added 10-1-06)
577* CAROTID ARTERY STENT PROCEDURE (added 10-1-06)
578* INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE (added 10-1-06)
579* POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROCEDURE (added 10-1-06)

*Change made in DRG classification. Hospitals provided the Office of Health Care Statistics (OHCS) with ICD-9-CM codes, rather than DRGs, so there was no need for the hospitals to be aware of DRG changes. The DRG was assigned by OHCS using 3M software (reference given on page 3) which classified the hospital discharge into a DRG based on the ICD-9-CM codes and other data such as age. OHCS accounted for DRG changes by using the DRG definitions which applied to the date of hospital discharge until 2007 when the new MS-DRG was introduced.

Major Diagnosis Category (MDC)*

- 0 = Ungroupable
- 1 = Nervous System
- 2 = Eye
- 3 = Ear, Nose, Mouth & Throat
- 4 = Respiratory System
- 5 = Circulatory System
- 6 = Digestive System
- 7 = Hepatobiliary System & Pancreas
- 8 = Musculoskeletal System & Connective Tissue
- 9 = Skin, Subcutaneous Tissue & Breast
- 10 = Endocrine, Nutritional & Metabolic System
- 11 = Kidney & Urinary Tract
- 12 = Male Reproductive System
- 13 = Female Reproductive System
- 14 = Pregnancy, Childbirth & the Puerperium
- 15 = Newborn & Other Neonates (Perinatal Period)
- 16 = Blood and Blood-Forming Disorders
- 17 = Myeloproliferative DDs (Diff Neoplasms)
- 18 = Infectious and Parasitic DDs
- 19 = Mental Diseases and Disorders
- 20 = Alcohol/Drug Use or Induced Mental Disorders
- 21 = Injuries, Poisoning and Toxic Effect of Drugs
- 22 = Burns
- 23 = Factors Influencing Health Status
- 24 = Multiple Significant Trauma
- 25 = Human Immunodeficiency Virus Infection

*Patients having heart, liver, lung, simultaneous pancreas/kidney, pancreas, or bone marrow transplants, or tracheostomies, traditionally categorized as PRE MDC (0), are assigned by the DRG Grouper into the following DRGs independent of the MDC of the principal diagnosis: 476, 477, 480-483, 495, 512, 513. DRGs (468,469,470) associated with all MDCs are assigned independent of the MDC of the principal diagnosis if the diagnosis is valid. Otherwise, this is the traditional Health Care Financing Administration (HCFA) MDC.

Total Charge (see charge note below)

Total dollars and cents amount charged for the discharge (with 2 decimal digits).
. = Not reported

Facility Charge (see charge note below)

Sum of total dollars and cents amount charged from NUBC revenue codes 10x-94x for the discharge (with 2 decimal digits).
. = Not reported

Professional Charge (see charge note below)

Sum of total dollars and cents amount charged from NUBC revenue codes 95x-98x for the discharge (with 2 decimal digits).
. = Not reported

CHARGE NOTE: Total Charge is reported by hospitals. Facility and professional charges are calculated from individual revenue charges. Due to various reasons, e.g. adjusting total charges without making corresponding adjustment in specific revenue charge, the sum of facility and professional charges are not necessarily equal to total charges.

Admitting Physician's Specialty

A = Allergy
ABS = Abdominal surgery
ACD = Alcohol, chemical dependency
ADL = Adolescent medicine

Admitting Physician's Specialty

ADM = Administrative medicine
AI = Allergy & immunology
AM = Aerospace medicine
AN = Anesthesiology
BLB = Blood bank pathology
CCM = Critical care medicine
CD = Cardiovascular diseases
CDS = Cardiovascular surgery
CHP = Child psychiatry
CLP = Clinical pathology
CMP = Chemical pathology
CNA = Cert. Registered nurse anesthetist
CNM = Certified nurse midwife
CPS/CSW = Clinical psychologist/clinical social worker
CPS = Clinical psychologist
CRS = Colon & rectal surgery
CSW = Clinical social worker
D = Dermatology
DDS = Dentist
DIA = Diabetes
DLI = Diagnostic lab immunology
DMP = Dermatopathology
DPM = Podiatrist
DO = Doctor of osteopathy
DR = Diagnostic radiology
EM = Emergency
END = Endocrinology
ENT = Otorhinolaryngology
F = Fellow
FNP = Family nurse practitioner
FOP = Forensic pathology
FP = Family practice
FP /P = Family practice/Psychiatry
FP/GS = Family practice/General surgery
FP/DDS = Family practice/Dentist
FPS = Facial plastic surgery
G = General
GE = Gastroenterology
GER = Geriatrics
GO = Gynecology/oncology
GP = General practice
GPM = General preventive medicine
GS = General surgery
GYN = Gynecology
HEM = Hematology
HMO = Hematology/oncology

Admitting Physician's Specialty

HEM/OMC = Hematology/oncology
HS = Hand surgery
HNS = Head & neck surgery
HYP = Hypnosis
ID = Infectious diseases
IM = Internal medicine
IMU = Immunology
IP = Immunopathology
LM = Legal medicine
MFM = Maternal/fetal medicine
MFS = Maxillofacial surgery
MM = Medical microbiology
N = Neurology
NBI = Pediatrics
NEO = Neonatology
NEP = Nephrology
NM = Nuclear medicine
NNP = Neonatal nurse prac.
NP = Neuropathology
NPM = Neonatal/perinatal medicine
NR = Neuroradiology
NS = Neurological surgery
NTR = Nutrition
OBG = Obstetrics & gynecology
OBS = Obstetrics
OM = Occupational medicine
OMS = Oral & maxillofacial surgery
OMC = Oncology
ONS = Oncology surgery
ONC = Oncology
OPH = Ophthalmology
ORS = Orthopedic surgery
OT = Otology
OTO = Otorhinolaryngology
P = Psychiatry
PA = Clinical pharmacology
PAC = Certified physician asst
PAN = Pediatric abuse & neglect
PD = Pediatrics
PDA = Pediatric allergy
PDC = Pediatric cardiology
PDE = Pediatric endocrinology
PDG = Pediatric gastroenterology
PDI = Pediatric immunology
PDN = Pediatric neurology
PD/NEO = Pediatric neonatology

Admitting Physician's Specialty - continued

PDP = Pediatric pulmonology
PDR = Pediatric radiology
PDS = Pediatric surgery
PDU = Pediatric urology
PDY = Pediatric respiratory
PER = Perinatology
PEM = Pediatric emergency medicine
PH = Public health
PHO = Pediatric/Hematology/oncology
PM = Physical medicine & rehabilitation
PNP = Pediatric nephrology
POD = Podiatrist
PRO = Proctologist
PS = Plastic surgery
PSF = Facial plastic surgery
PUD = Pulmonary disease
PTH = Pathology
PV = Peripheral Vascular
PYA = Psychoanalysis
R = Radiology
RD = Respiratory disease
RDT = Radiation Therapy
REN = Reproductive endocrinology
RES = Resident
RES/CSW = Resident/clinic social worker
RET = Retired
RHU = Rheumatology
RIP = Radiosotopic pathology
RSH = Research
RON = Radiation oncology
SH = Student health
SM = Sports medicine
SGO = Surgery, other (list specialty)
SGO/N = Surgery, other (neurology)
SGO/01 = Surgery, other (neurosurgeon)
TR = Therapeutic radiology
TS = Thoracic surgery
U = Urology
US = Urological surgery
VS = Vascular surgery
UNK = Unknown
MD = Encrypted (confidential data)
Blank = Not reported

Attending Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Other Consulting Physician's Specialty

Descriptions are the same as admitting physician's specialty.

Surgeon's Specialty

Descriptions are the same as admitting physician's specialty.

Primary Payer Category

01 = Medicare
02 = Medicaid
03 = Other government
04 = Blue Cross/Blue Shield
05 = Other commercial
06 = Managed care
07 = Self pay
08 = Industrial and worker's compensation
09 = Charity/Unclassified
10 = Unknown
13 = CHIP(Children's Health Insurance Plan)
99 = Not reported

Secondary Payer Category and Tertiary Payer Category

Descriptions are the same as first payer category.

Patient's Relationship to the First Insured Person

(Starting with 2010 Data we have moved fully to the UB-04 coding below, previous datasets varied by hospital between UB-04 and UB-92 formats)

newer UB-04 coding

01 Spouse
04 Grandfather or Grandmother
05 Grandson or Granddaughter

- 07 Nephew or Niece
- 09 Unknown/Other Relationship
- 10 Foster Child
- 15 Ward Ward of the Court. This code indicates that the patient is a ward of the insured as a result of a court order.
- 17 Stepson or Stepdaughter
- 18 Self
- 19 Child
- 20 Employee
- 21 Unknown
- 22 Handicapped Dependent
- 23 Sponsored Dependent
- 24 Dependent of Minor Dependent
- 29 Significant Other
- 32 Mother
- 33 Father
- 36 Emancipated Minor
- 39 Organ Donor
- 40 Cadaver Donor
- 41 Injured Plaintiff
- 43 Child Where Insured Has No Financial Responsibility
- 53 Life Partner

older UB-92 coding

- 1 = Patient is the named insured
- 2 = Spouse
- 3 = Natural Child/insured financial responsibility
- 4 = Natural Child/insured does not have financial responsibility
- 5 = Step Child
- 6 = Foster Child
- 7 = Ward of the Court (Patient is ward of the insured as a result of a court order.)
- 8 = Employee (The patient is employed by the named insured)
- 9 = Unknown
- 10 = Handicapped Dependent (Dependent child whose coverage extends beyond normal termination age limits as a result of laws or agreements extending coverage.)
- 11 = Organ Donor (Code is used in cases where bill is submitted for care given to organ donor where such care is paid by the receiving patient's insurance coverage.)
- 12 = Cadaver Donor (Code is used where bill is submitted for procedures performed on cadaver donor where such procedures are paid by the receiving patient's

insurance coverage.)
13 = Grandchild
14 = Niece or Nephew
15 = Injured Plaintiff (Patient is claiming insurance as a result of injury covered by insured.)
16 = Sponsored Dependent (Individual not normally covered by insurance coverage but coverage has been specially arranged to include relationships such as grandparent or former spouse that would require further investigation by the payer.)
17 = Minor Dependent of a Minor Dependent (Code is used where patient is a minor and a dependent of another minor who in turn is a dependent, although not a child, of the insured.)
18 = Parent
19 = Grandparent
20 = Life Partner
blank = Not reported

Record ID Number

A unique number for each discharge, which is also unique across all years that inpatient discharge data are available.

Outlier, Facility Charge

0 = No
1 = Yes

NOTE: A charge is an outlier if it is above 2.5 standard deviations from the mean of facility charges. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Outlier, Length of Stay

0 = No
1 = Yes

NOTE: A length of stay is an outlier if it is above 2.5 standard deviations from the mean of length of stay. Means and standard deviations are APR-DRG specific and calculated at the state level for a calendar year.

Patient Severity Subclass Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor severity of illness subclass
- 2 = Moderate severity of illness subclass
- 3 = Major severity of illness subclass
- 4 = Extreme severity of illness subclass

Note: Patient severity subclass value should be used as a subcategory of the APR-DRG.

Patient Risk of Mortality Value

- 0 = No value assigned (record is ungroupable into a APR-DRG)
- 1 = Minor risk of mortality
- 2 = Moderate risk of mortality
- 3 = Major risk of mortality
- 4 = Extreme risk of mortality

Note: Patient risk of mortality value should be used as a subcategory of the APR-DRG.

Discharge Quarter

- 1 = First Quarter (January 1 to March 31)
- 2 = Second Quarter (April 1 to June 30)
- 3 = Third Quarter (July 1 to September 30)
- 4 = Fourth Quarter (October 1 to December 31)

E-code

Supplementary classification of External Causes of Injury and Poisoning. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM E-code but has been stripped out of data).

Blank = Not reported

The ICD-9-CM E-codes can be looked up on the internet at Yaki Technologies' website "www.eicd.com/eicdmain.htm".

Secondary E-codes can be found in data file in the Secondary

Diagnosis Code fields.

APR-DRG

The original Health Care Financing Administration Diagnosis Related Groups (HCFA-DRG, or just DRG) (page 21) was developed to relate types of patients treated to the resources they consumed (resource intensity). Whereas the HCFA-DRG was developed to classify Medicare beneficiaries, the All Patient Refined Diagnosis Related Groups (APR-DRG) is expanded to be more representative of diverse patient populations, such as pediatric patients. Also, the APR-DRG system provides for subclassifications, such as severity of illness and risk of mortality. The severity of illness subclassification is provided in the data file ('patient severity subclass value' on page 43). [source: *All Patient Refined Diagnosis Related Groups (APR-DRGs) Definition Manual*, version 12.0, Wallingford, CT, 3M Health Care, 1995, p. 1.]

Whereas the HCFA-DRG only changed slightly across the years, there are large differences between versions 12.0 and 15.0 and between versions 15.0 and 20.0 of the APR-DRG. **The difference between versions 20.0 and 24.0 through 28.0 is relatively minor.** Version 15.0 became effective 04/01/98. Version 12.0 became effective on 05/01/95, and it was applied retrospectively to earlier data as well.

Starting with version 24.0 of the APR-DRG, 3M will update the APR-DRG every fiscal year (Changing Oct 1) and the version will correspond with the HCFA-DRG version. Starting with the 2006 data, the version will be determined based on the date of discharge. For the 2005 data through 3rd quarter 2006, version 20.0 of the APR-DRG was used. For the 1999 data through 2004, only version 15.0 of the APR-DRG was used. For 1998 data, both version 12.0 and 15.0 were used (v12.0 for first quarter 1998 and v15.0 for second through fourth quarters 1998). For 1992 through 1997, only version 12.0 was used. Information for mapping version 12.0 to version 15.0 APR-DRG codes, as well as version 15.0 APR-DRG codes, are available upon request.

As with the HCFA-DRG, the APR-DRG was assigned by the Office of Health Care Statistics using the 3M software, based on ICD-9-CM codes and other variables, such as age, provided by the hospitals.

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0+ (2005 through present)**

001* Liver transplant (until 10/1/06)
001* Liver transplant and/or intestinal transplant (after 10/1/06)
002 Heart &/or lung transplant
003 Bone marrow transplant
004* Tracheostomy with long term mechanical ventilation w extensive procedure
(until 10/1/06)
004* ECMO or tracheostomy with long term mechanical ventilation w extensive
procedure (after 10/1/06)
004* Tracheostomy with mechanical ventilation 96+ hours w extensive
procedure or ECMO (after 10/1/07)
005* Tracheostomy with long term mechanical ventilation w/o extensive procedure
(until 10/1/07)
005* Tracheostomy with mechanical ventilation 96+ hours w/o extensive procedure
(after 10/1/07)
006 Pancreas transplant
020 Craniotomy for trauma
021 Craniotomy except for trauma
022 Ventricular shunt procedures
023 Spinal procedures
024 Extracranial vascular procedures
026 Other nervous system and related procedures
040 Spinal disorders & injuries
041 Nervous system malignancy
042 Degenerative nervous system disorders exc mult sclerosis
043 Multiple sclerosis & other demyelinating diseases
044 Intracranial hemorrhage
045 CVA & precerebral occlusion w infarct
046 Nonspecific CVA & precerebral occlusion w/o infarct
047 Transient ischemia
048 Peripheral, cranial & autonomic nerve disorders
049 Bacterial & tuberculous infections of nervous system
050 Non-bacterial infections of nervous system exc viral meningitis
051 Viral meningitis
052 Nontraumatic stupor & coma
053 Seizure
054 Migraine & other headaches
055 Head trauma w coma >1 hr or hemorrhage
056 Brain contusion/laceration & complicated skull fx, coma <1 hr or no coma
057 Concussion, closed skull fx nos, uncomp intracr injury, coma <1 hr or no coma
058 Other disorders of nervous system
070 Orbital procedures
073 Eye procedures except orbit
080 Acute major eye infections
082 Eye disorders except major infections
089 Major cranial/facial bone procedures
090 Major larynx & tracheal procedures
091 Other major head & neck procedures
092 Facial bone procedures except major cranial/facial bone procedures

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0+ (2005 through present)**

093 Sinus & mastoid procedures
095 Cleft lip & palate repair
097 Tonsil & adenoid procedures
098 Other ear, nose, mouth & throat procedures
110 Ear, nose, mouth, throat, cranial/facial malignancies
111 Vertigo & other labyrinth disorders
113 Infections of upper respiratory tract
114 Dental & oral diseases & injuries
115 Other ear, nose, mouth, throat & cranial/facial diagnoses
120 Major respiratory & chest procedures
121 Other respiratory & chest procedures
130 Respiratory system diagnosis w ventilator support 96+ hours
131 Cystic fibrosis - pulmonary disease
132 Bpd & oth chronic respiratory diseases arising in perinatal period
133 Pulmonary edema & respiratory failure
134 Pulmonary embolism
135 Major chest & respiratory trauma
136 Respiratory malignancy
137 Major respiratory infections & inflammations
138 Bronchiolitis & rsv pneumonia
139 Other pneumonia
140 Chronic obstructive pulmonary disease
141 Asthma
142 Interstitial lung disease
143 Other respiratory diagnoses except signs, symptoms & minor diagnoses
144 Respiratory signs, symptoms & other diagnoses
160 Major cardiothoracic repair of heart anomaly
161 Cardiac defibrillator & heart assist implant
162 Cardiac valve procedures w cardiac catheterization
163 Cardiac valve procedures w/o cardiac catheterization
165 Coronary bypass w cardiac cath or percutaneous cardiac procedure
166 Coronary bypass w/o cardiac cath or percutaneous cardiac procedure
167 Other cardiothoracic procedures
169 Major thoracic & abdominal vascular procedures
170 Permanent cardiac pacemaker implant w AMI, heart failure or shock
171 Perm cardiac pacemaker implant w/o AMI, heart failure or shock
173 Other vascular procedures
174 Percutaneous cardiovascular procedures w AMI
175 Percutaneous cardiovascular procedures w/o AMI
176 Cardiac pacemaker & defibrillator device replacement
177 Cardiac pacemaker & defibrillator revision except device replacement
180 Other circulatory system procedures
190 Acute myocardial infarction
191 Cardiac catheterization w circ disord exc ischemic heart disease
192 Cardiac catheterization for ischemic heart disease
193 Acute & subacute endocarditis

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0+ (2005 through present)**

194 Heart failure
196 Cardiac arrest
197 Peripheral & other vascular disorders
198 Angina pectoris & coronary atherosclerosis
199 Hypertension
200 Cardiac structural & valvular disorders
201 Cardiac arrhythmia & conduction disorders
203 Chest pain
204 Syncope & collapse
205 Cardiomyopathy
206 Malfunction, reaction, complication of cardiac/vasc device or procedure
207 Other circulatory system diagnoses
220 Major stomach, esophageal & duodenal procedures
221 Major small & large bowel procedures
222 Other stomach, esophageal & duodenal procedures
223 Other small & large bowel procedures
224 Peritoneal adhesiolysis
225 Appendectomy
226 Anal procedures
227 Hernia procedures except inguinal, femoral & umbilical
228 Inguinal, femoral & umbilical hernia procedures
229 Other digestive system & abdominal procedures
240 Digestive malignancy
241 Peptic ulcer & gastritis
242 Major esophageal disorders
243 Other esophageal disorders
244 Diverticulitis & diverticulosis
245 Inflammatory bowel disease
246 Gastrointestinal vascular insufficiency
247 Intestinal obstruction
248 Major gastrointestinal & peritoneal infections
249 Nonbacterial gastroenteritis, nausea & vomiting
251 Abdominal pain
252 Malfunction, reaction & complication of GI device or procedure
253 Other & unspecified gastrointestinal hemorrhage
254 Other digestive system diagnosis
260 Major pancreas, liver & shunt procedures
261 Major biliary tract procedures
262 Cholecystectomy except laparoscopic
263 Laparoscopic cholecystectomy
264 Other hepatobiliary, pancreas & abdominal procedures
279 Hepatic coma & other major acute liver disorders
280 Alcoholic liver disease

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0+ (2005 through present)**

281 Malignancy of hepatobiliary system & pancreas
282 Disorders of pancreas except malignancy
283 Other disorders of the liver
284 Disorders of gallbladder & biliary tract
301 Hip joint replacement
302 Knee joint replacement
303 Dorsal & lumbar fusion proc for curvature of back
304 Dorsal & lumbar fusion proc except for curvature of back
305 Amputation of lower limb except toes
308 Hip & femur procedures for trauma except joint replacement
309 Hip & femur procedures for non-trauma except joint replacement
310 Intervertebral disc excision & decompression
312 Skin graft, except hand, for musculoskeletal & connective tissue diagnoses
313 Knee & lower leg procedures except foot
314 Foot & toe procedures
315 Shoulder, upper arm & forearm procedures
316 Hand & wrist procedures
317 Tendon, muscle & other soft tissue procedures
320 Other musculoskeletal system & connective tissue procedures
321 Cervical spinal fusion & other back/neck proc exc disc excis/decomp
340 Fracture of femur
341 Fracture of pelvis or dislocation of hip
342 Fractures & dislocations except femur, pelvis & back
343 Musculoskeletal malignancy & pathol fracture d/t muscskel malig
344 Osteomyelitis, septic arthritis & other musculoskeletal infections
346 Connective tissue disorders
347 Other back & neck disorders, fractures & injuries
349 Malfunction, reaction, complicat of orthopedic device or procedure
351 Other musculoskeletal system & connective tissue diagnoses
361 Skin graft for skin & subcutaneous tissue diagnoses
362 Mastectomy procedures
363 Breast procedures except mastectomy
364 Other skin, subcutaneous tissue & related procedures
380 Skin ulcers
381 Major skin disorders
382 Malignant breast disorders
383 Cellulitis & other bacterial skin infections
384 Contusion, open wound & other trauma to skin & subcutaneous tissue
385 Other skin, subcutaneous tissue & breast disorders
401 Pituitary & adrenal procedures
403 Procedures for obesity
404 Thyroid, parathyroid & thyroglossal procedures
405 Other procedures for endocrine, nutritional & metabolic disorders

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0+ (2005 through present)**

420 Diabetes
421 Malnutrition, failure to thrive & other nutritional disorders
422 Hypovolemia & related electrolyte disorders
423 Inborn errors of metabolism
424 Other endocrine disorders
440 Kidney transplant
441 Major bladder procedures
442 Kidney & urinary tract procedures for malignancy
443 Kidney & urinary tract procedures for nonmalignancy
444 Renal dialysis access device procedure only
445 Other bladder procedures
446 Urethral & transurethral procedures
447 Other kidney, urinary tract & related procedures
460 Renal failure
461 Kidney & urinary tract malignancy
462 Nephritis & nephrosis
463 Kidney & urinary tract infections
465 Urinary stones & acquired upper urinary tract obstruction
466 Malfunction, reaction, complic of genitourinary device or proc
468 Other kidney & urinary tract diagnoses, signs & symptoms
480 Major male pelvic procedures
481 Penis procedures
482 Transurethral prostatectomy
483 Testes & scrotal procedures
484 Other male reproductive system & related procedures
500 Malignancy, male reproductive system
501 Male reproductive system diagnoses except malignancy
510 Pelvic evisceration, radical hysterectomy & other radical gyn procs
511 Uterine & adnexa procedures for ovarian & adnexal malignancy
512 Uterine & adnexa procedures for non-ovarian & non-adnexal malignancy
513 Uterine & adnexa procedures for non-malignancy except leiomyoma
514 Female reproductive system reconstructive procedures
517 Dilatation & curettage for non-obstetric diagnoses
518 Other female reproductive system & related procedures
519 Uterine & adnexa procedures for leiomyoma
530 Female reproductive system malignancy
531 Female reproductive system infections
532 Menstrual & other female reproductive system disorders
540 Cesarean delivery
541 Vaginal delivery w sterilization &/or D&C
542 Vaginal delivery w complicating procedures exc sterilization &/or D&C
544 D&C, aspiration curettage or hysterotomy for obstetric diagnoses
545 Ectopic pregnancy procedure

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0+ (2005 through present)**

546 Other O.R. proc for obstetric diagnoses except delivery diagnoses
560 Vaginal delivery
561 Postpartum & post abortion diagnoses w/o procedure
563 Threatened abortion
564 Abortion w/o D&C, aspiration curettage or hysterotomy
565 False labor
566 Other antepartum diagnoses
580 Neonate, transferred <5 days old, not born here
581 Neonate, transferred <5 days old, born here
583 Neonate, w ecmo
588 Neonate bwt <1500 g with major procedure
589* Neonate bwt <500 g (until 10/1/10)
589* Neonate bwt <500 g or GA <24 weeks (after 10/1/10)
591 Neonate, birthwt 500-749g w/o major procedure
593 Neonate, birthwt 750-999g w/o major procedure
602 Neonate, bwt 1000-1249g w resp dist synd/oth maj resp or maj anom
603 Neonate, birthwt 1000-1249g w or w/o other significant condition
607 Neonate, bwt 1250-1499g w resp dist synd/oth maj resp or maj anom
608 Neonate, bwt 1250-1499g w or w/o other significant condition
609 Neonate, bwt 1500-2499g w major procedure
611 Neonate, birthwt 1500-1999g w major anomaly
612 Neonate, bwt 1500-1999g w resp dist synd/oth maj resp cond
613 Neonate, birthwt 1500-1999g w congenital/perinatal infection
614 Neonate, bwt 1500-1999g w or w/o other significant condition
621 Neonate, bwt 2000-2499g w major anomaly
622 Neonate, bwt 2000-2499g w resp dist synd/oth maj resp cond
623 Neonate, bwt 2000-2499g w congenital/perinatal infection
625 Neonate, bwt 2000-2499g w other significant condition
626 Neonate, bwt 2000-2499g, normal newborn or neonate w other problem
630 Neonate, birthwt >2499g w major cardiovascular procedure
631 Neonate, birthwt >2499g w other major procedure
633 Neonate, birthwt >2499g w major anomaly
634 Neonate, birthwt >2499g w resp dist synd/oth maj resp cond
636 Neonate, birthwt >2499g w congenital/perinatal infection
639 Neonate, birthwt >2499g w other significant condition
640 Neonate, birthwt >2499g, normal newborn or neonate w other problem
650 Splenectomy
651 Other procedures of blood & blood-forming organs
660 Major hematologic/immunologic diag exc sickle cell crisis & coagul
661 Coagulation & platelet disorders
662 Sickle cell anemia crisis
663 Other anemia & disorders of blood & blood-forming organs
680 Major O.R. procedures for lymphatic/hematopoietic/other neoplasms

**All Patient Refined Diagnosis Related Group (APR-DRG)
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681 Other O.R. procedures for lymphatic/hematopoietic/other neoplasms
690 Acute leukemia
691 Lymphoma, myeloma & non-acute leukemia
692 Radiotherapy
693 Chemotherapy
694 Lymphatic & other malignancies & neoplasms of uncertain behavior
710 Infectious & parasitic diseases including HIV w O.R.procedure
711 Post-op, post-trauma, other device infections w O.R. procedure
720 Septicemia & disseminated infections
721 Post-operative, post-traumatic, other device infections
722 Fever
723 Viral illness
724 Other infectious & parasitic diseases
740 Mental illness diagnosis w O.R. procedure
750 Schizophrenia
751 Major depressive disorders & other/unspecified psychoses
752 Disorders of personality & impulse control
753 Bipolar disorders
754 Depression except major depressive disorder
755 Adjustment disorders & neuroses except depressive diagnoses
756 Acute anxiety & delirium states
757 Organic mental health disturbances
758 Childhood behavioral disorders
759 Eating disorders
760 Other mental health disorders
770 Drug & alcohol abuse or dependence, left against medical advice
772 Alcohol & drug dependence w rehab or rehab/detox therapy
773 Opioid abuse & dependence
774 Cocaine abuse & dependence
775 Alcohol abuse & dependence
776 Other drug abuse & dependence
791 O.R. procedure for other complications of treatment
811 Allergic reactions
812 Poisoning of medicinal agents
813 Other complications of treatment
815 Other injury, poisoning & toxic effect diagnoses
816 Toxic effects of non-medical substances
841 Extensive 3rd degree burns w skin graft
842 Full thickness burns w skin graft
843 Extensive 3rd degree or full thickness burns w/o skin graft
844 Partial thickness burns w or w/o skin graft
850 Procedure w diag of rehab, aftercare or oth contact w health service
860 Rehabilitation

**All Patient Refined Diagnosis Related Group (APR-DRG)
Version 20.0+ (2005 through present)**

861 Signs, symptoms & other factors influencing health status
862 Other aftercare & convalescence
863 Neonatal aftercare
890 HIV w multiple major HIV related conditions
892 HIV w major HIV related condition
893 HIV w multiple significant HIV related conditions
894 HIV w one signif HIV cond or w/o signif related cond
910 Craniotomy for multiple significant trauma
911 Extensive abdominal/thoracic procedures for mult significant trauma
912 Musculoskeletal & other procedures for multiple significant trauma
930 Multiple significant trauma w/o O.R. procedure
950 Extensive procedure unrelated to principal diagnosis
951 Moderately extensive procedure unrelated to principal diagnosis
952 Nonextensive procedure unrelated to principal diagnosis
955 Principal diagnosis invalid as discharge diagnosis
956 Ungroupable

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001	Heart transplant or implant of heart assist system w MCC
002	Heart transplant or implant of heart assist system w/o MCC
003	"ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R."
004	"Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R."
005	Liver transplant w MCC or intestinal transplant
006	Liver transplant w/o MCC
007	Lung transplant
008	Simultaneous pancreas/kidney transplant
009*	Bone marrow transplant (prior to 10/1/10)
010	Pancreas transplant
011	"Tracheostomy for face,mouth & neck diagnoses w MCC"
012	"Tracheostomy for face,mouth & neck diagnoses w CC"
013	"Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC"
014*	Allogeneic bone marrow transplant (beginning 10/1/10)
015*	Autologous bone marrow transplant (beginning 10/1/10)
020	Intracranial vascular procedures w PDX hemorrhage w MCC
021	Intracranial vascular procedures w PDX hemorrhage w CC
022	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC
023	Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant
024	Cranio w major dev impl/acute complex CNS PDX w/o MCC
025	Craniotomy & endovascular intracranial procedures w MCC
026	Craniotomy & endovascular intracranial procedures w CC
027	Craniotomy & endovascular intracranial procedures w/o CC/MCC
028	Spinal procedures w MCC
029	Spinal procedures w CC or spinal neurostimulators
030	Spinal procedures w/o CC/MCC
031	Ventricular shunt procedures w MCC
032	Ventricular shunt procedures w CC
033	Ventricular shunt procedures w/o CC/MCC
034	Carotid artery stent procedure w MCC
035	Carotid artery stent procedure w CC
036	Carotid artery stent procedure w/o CC/MCC
037	Extracranial procedures w MCC
038	Extracranial procedures w CC
039	Extracranial procedures w/o CC/MCC
040	Periph/cranial nerve & other nerv syst proc w MCC
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC
052	Spinal disorders & injuries w CC/MCC
053	Spinal disorders & injuries w/o CC/MCC
054	Nervous system neoplasms w MCC
055	Nervous system neoplasms w/o MCC
056	Degenerative nervous system disorders w MCC

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057	Degenerative nervous system disorders w/o MCC
058	Multiple sclerosis & cerebellar ataxia w MCC
059	Multiple sclerosis & cerebellar ataxia w CC
060	Multiple sclerosis & cerebellar ataxia w/o CC/MCC
061	Acute ischemic stroke w use of thrombolytic agent w MCC
062	Acute ischemic stroke w use of thrombolytic agent w CC
063	Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC
064	Intracranial hemorrhage or cerebral infarction w MCC
065	Intracranial hemorrhage or cerebral infarction w CC
066	Intracranial hemorrhage or cerebral infarction w/o CC/MCC
067	Nonspecific CVA & precerebral occlusion w/o infarct w MCC
068	Nonspecific CVA & precerebral occlusion w/o infarct w/o MCC
069	Transient ischemia
070	Nonspecific cerebrovascular disorders w MCC
071	Nonspecific cerebrovascular disorders w CC
072	Nonspecific cerebrovascular disorders w/o CC/MCC
073	Cranial & peripheral nerve disorders w MCC
074	Cranial & peripheral nerve disorders w/o MCC
075	Viral meningitis w CC/MCC
076	Viral meningitis w/o CC/MCC
077	Hypertensive encephalopathy w MCC
078	Hypertensive encephalopathy w CC
079	Hypertensive encephalopathy w/o CC/MCC
080	Nontraumatic stupor & coma w MCC
081	Nontraumatic stupor & coma w/o MCC
082	"Traumatic stupor & coma, coma >1 hr w MCC"
083	"Traumatic stupor & coma, coma >1 hr w CC"
084	"Traumatic stupor & coma, coma >1 hr w/o CC/MCC"
085	"Traumatic stupor & coma, coma <1 hr w MCC"
086	"Traumatic stupor & coma, coma <1 hr w CC"
087	"Traumatic stupor & coma, coma <1 hr w/o CC/MCC"
088	Concussion w MCC
089	Concussion w CC
090	Concussion w/o CC/MCC
091	Other disorders of nervous system w MCC
092	Other disorders of nervous system w CC
093	Other disorders of nervous system w/o CC/MCC
094	Bacterial & tuberculous infections of nervous system w MCC
095	Bacterial & tuberculous infections of nervous system w CC
096	Bacterial & tuberculous infections of nervous system w/o CC/MCC
097	Non-bacterial infect of nervous sys exc viral meningitis w MCC
098	Non-bacterial infect of nervous sys exc viral meningitis w CC
099	Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC

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100	Seizures w MCC
101	Seizures w/o MCC
102	Headaches w MCC
103	Headaches w/o MCC
113	Orbital procedures w CC/MCC
114	Orbital procedures w/o CC/MCC
115	Extraocular procedures except orbit
116	Intraocular procedures w CC/MCC
117	Intraocular procedures w/o CC/MCC
121	Acute major eye infections w CC/MCC
122	Acute major eye infections w/o CC/MCC
123	Neurological eye disorders
124	Other disorders of the eye w MCC
125	Other disorders of the eye w/o MCC
129	Major head & neck procedures w CC/MCC or major device
130	Major head & neck procedures w/o CC/MCC
131	Cranial/facial procedures w CC/MCC
132	Cranial/facial procedures w/o CC/MCC
133	"Other ear, nose, mouth & throat O.R. procedures w CC/MCC"
134	"Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC"
135	Sinus & mastoid procedures w CC/MCC
136	Sinus & mastoid procedures w/o CC/MCC
137	Mouth procedures w CC/MCC
138	Mouth procedures w/o CC/MCC
139	Salivary gland procedures
146	"Ear, nose, mouth & throat malignancy w MCC"
147	"Ear, nose, mouth & throat malignancy w CC"
148	"Ear, nose, mouth & throat malignancy w/o CC/MCC"
149	Dysequilibrium
150	Epistaxis w MCC
151	Epistaxis w/o MCC
152	Otitis media & URI w MCC
153	Otitis media & URI w/o MCC
154*	"Nasal Trauma & Deformity w MCC" (prior to 10-1-08)
154*	"Other ear, nose, mouth & throat diagnoses w MCC" (beginning 10-1-08)
155*	"Nasal Trauma & Deformity w CC" (prior to 10-1-08)
155*	"Other ear, nose, mouth & throat diagnoses w CC" (beginning 10-1-08)
156*	"Nasal Trauma & Deformity w/o CC/MCC" (prior to 10-1-08)
156*	"Other ear, nose, mouth & throat diagnoses w/o CC/MCC" (beginning 10-1-08)
157	Dental & oral diseases w MCC
158	Dental & oral diseases w CC
159	Dental & oral diseases w/o CC/MCC
163	Major chest procedures w MCC

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164	Major chest procedures w CC
165	Major chest procedures w/o CC/MCC
166	Other resp system O.R. procedures w MCC
167	Other resp system O.R. procedures w CC
168	Other resp system O.R. procedures w/o CC/MCC
175	Pulmonary embolism w MCC
176	Pulmonary embolism w/o MCC
177	Respiratory infections & inflammations w MCC
178	Respiratory infections & inflammations w CC
179	Respiratory infections & inflammations w/o CC/MCC
180	Respiratory neoplasms w MCC
181	Respiratory neoplasms w CC
182	Respiratory neoplasms w/o CC/MCC
183	Major chest trauma w MCC
184	Major chest trauma w CC
185	Major chest trauma w/o CC/MCC
186	Pleural effusion w MCC
187	Pleural effusion w CC
188	Pleural effusion w/o CC/MCC
189	Pulmonary edema & respiratory failure
190	Chronic obstructive pulmonary disease w MCC
191	Chronic obstructive pulmonary disease w CC
192	Chronic obstructive pulmonary disease w/o CC/MCC
193	Simple pneumonia & pleurisy w MCC
194	Simple pneumonia & pleurisy w CC
195	Simple pneumonia & pleurisy w/o CC/MCC
196	Interstitial lung disease w MCC
197	Interstitial lung disease w CC
198	Interstitial lung disease w/o CC/MCC
199	Pneumothorax w MCC
200	Pneumothorax w CC
201	Pneumothorax w/o CC/MCC
202	Bronchitis & asthma w CC/MCC
203	Bronchitis & asthma w/o CC/MCC
204	Respiratory signs & symptoms
205	Other respiratory system diagnoses w MCC
206	Other respiratory system diagnoses w/o MCC
207	Respiratory system diagnosis w ventilator support 96+ hours
208	Respiratory system diagnosis w ventilator support <96 hours
215	Other heart assist system implant
216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC
217	Cardiac valve & oth maj cardiothoracic proc w card cath w CC
218	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC

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219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
220	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC
221	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC
222	Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC
223	Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC
224	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
225	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
226	Cardiac defibrillator implant w/o cardiac cath w MCC
227	Cardiac defibrillator implant w/o cardiac cath w/o MCC
228	Other cardiothoracic procedures w MCC
229	Other cardiothoracic procedures w CC
230	Other cardiothoracic procedures w/o CC/MCC
231	Coronary bypass w PTCA w MCC
232	Coronary bypass w PTCA w/o MCC
233	Coronary bypass w cardiac cath w MCC
234	Coronary bypass w cardiac cath w/o MCC
235	Coronary bypass w/o cardiac cath w MCC
236	Coronary bypass w/o cardiac cath w/o MCC
237	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
238	Major cardiovasc procedures w/o MCC
239	Amputation for circ sys disorders exc upper limb & toe w MCC
240	Amputation for circ sys disorders exc upper limb & toe w CC
241	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC
242	Permanent cardiac pacemaker implant w MCC
243	Permanent cardiac pacemaker implant w CC
244	Permanent cardiac pacemaker implant w/o CC/MCC
245	AICD generator procedures
246	Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents
247	Perc cardiovasc proc w drug-eluting stent w/o MCC
248	Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents
249	Perc cardiovasc proc w non-drug-eluting stent w/o MCC
250*	Perc cardiovasc proc w/o coronary artery stent or AMI w MCC (prior to 10-1-08)
250*	Perc cardiovasc proc w/o coronary artery stent w MCC (beginning 10-1-08)
251*	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC (prior to 10-1-08)
251*	Perc cardiovasc proc w/o coronary artery stent w/o MCC (beginning 10-1-08)
252	Other vascular procedures w MCC
253	Other vascular procedures w CC
254	Other vascular procedures w/o CC/MCC
255	Upper limb & toe amputation for circ system disorders w MCC
256	Upper limb & toe amputation for circ system disorders w CC
257	Upper limb & toe amputation for circ system disorders w/o CC/MCC

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258	Cardiac pacemaker device replacement w MCC
259	Cardiac pacemaker device replacement w/o MCC
260	Cardiac pacemaker revision except device replacement w MCC
261	Cardiac pacemaker revision except device replacement w CC
262	Cardiac pacemaker revision except device replacement w/o CC/MCC
263	Vein ligation & stripping
264	Other circulatory system O.R. procedures
265*	AICD lead procedures (beginning 10-1-08)
280	"Acute myocardial infarction, discharged alive w MCC"
281	"Acute myocardial infarction, discharged alive w CC"
282	"Acute myocardial infarction, discharged alive w/o CC/MCC"
283	"Acute myocardial infarction, expired w MCC"
284	"Acute myocardial infarction, expired w CC"
285	"Acute myocardial infarction, expired w/o CC/MCC"
286	"Circulatory disorders except AMI, w card cath w MCC"
287	"Circulatory disorders except AMI, w card cath w/o MCC"
288	Acute & subacute endocarditis w MCC
289	Acute & subacute endocarditis w CC
290	Acute & subacute endocarditis w/o CC/MCC
291	Heart failure & shock w MCC
292	Heart failure & shock w CC
293	Heart failure & shock w/o CC/MCC
294	Deep vein thrombophlebitis w CC/MCC
295	Deep vein thrombophlebitis w/o CC/MCC
296	"Cardiac arrest, unexplained w MCC"
297	"Cardiac arrest, unexplained w CC"
298	"Cardiac arrest, unexplained w/o CC/MCC"
299	Peripheral vascular disorders w MCC
300	Peripheral vascular disorders w CC
301	Peripheral vascular disorders w/o CC/MCC
302	Atherosclerosis w MCC
303	Atherosclerosis w/o MCC
304	Hypertension w MCC
305	Hypertension w/o MCC
306	Cardiac congenital & valvular disorders w MCC
307	Cardiac congenital & valvular disorders w/o MCC
308	Cardiac arrhythmia & conduction disorders w MCC
309	Cardiac arrhythmia & conduction disorders w CC
310	Cardiac arrhythmia & conduction disorders w/o CC/MCC
311	Angina pectoris
312	Syncope & collapse
313	Chest pain
314	Other circulatory system diagnoses w MCC

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315 Other circulatory system diagnoses w CC
316 Other circulatory system diagnoses w/o CC/MCC
326 "Stomach, esophageal & duodenal proc w MCC"
327 "Stomach, esophageal & duodenal proc w CC"
328 "Stomach, esophageal & duodenal proc w/o CC/MCC"
329 Major small & large bowel procedures w MCC
330 Major small & large bowel procedures w CC
331 Major small & large bowel procedures w/o CC/MCC
332 Rectal resection w MCC
333 Rectal resection w CC
334 Rectal resection w/o CC/MCC
335 Peritoneal adhesiolysis w MCC
336 Peritoneal adhesiolysis w CC
337 Peritoneal adhesiolysis w/o CC/MCC
338 Appendectomy w complicated principal diag w MCC
339 Appendectomy w complicated principal diag w CC
340 Appendectomy w complicated principal diag w/o CC/MCC
341 Appendectomy w/o complicated principal diag w MCC
342 Appendectomy w/o complicated principal diag w CC
343 Appendectomy w/o complicated principal diag w/o CC/MCC
344 Minor small & large bowel procedures w MCC
345 Minor small & large bowel procedures w CC
346 Minor small & large bowel procedures w/o CC/MCC
347 Anal & stomal procedures w MCC
348 Anal & stomal procedures w CC
349 Anal & stomal procedures w/o CC/MCC
350 Inguinal & femoral hernia procedures w MCC
351 Inguinal & femoral hernia procedures w CC
352 Inguinal & femoral hernia procedures w/o CC/MCC
353 Hernia procedures except inguinal & femoral w MCC
354 Hernia procedures except inguinal & femoral w CC
355 Hernia procedures except inguinal & femoral w/o CC/MCC
356 Other digestive system O.R. procedures w MCC
357 Other digestive system O.R. procedures w CC
358 Other digestive system O.R. procedures w/o CC/MCC
368 Major esophageal disorders w MCC
369 Major esophageal disorders w CC
370 Major esophageal disorders w/o CC/MCC
371 Major gastrointestinal disorders & peritoneal infections w MCC
372 Major gastrointestinal disorders & peritoneal infections w CC
373 Major gastrointestinal disorders & peritoneal infections w/o CC/MCC
374 Digestive malignancy w MCC
375 Digestive malignancy w CC

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376	Digestive malignancy w/o CC/MCC
377	G.I. hemorrhage w MCC
378	G.I. hemorrhage w CC
379	G.I. hemorrhage w/o CC/MCC
380	Complicated peptic ulcer w MCC
381	Complicated peptic ulcer w CC
382	Complicated peptic ulcer w/o CC/MCC
383	Uncomplicated peptic ulcer w MCC
384	Uncomplicated peptic ulcer w/o MCC
385	Inflammatory bowel disease w MCC
386	Inflammatory bowel disease w CC
387	Inflammatory bowel disease w/o CC/MCC
388	G.I. obstruction w MCC
389	G.I. obstruction w CC
390	G.I. obstruction w/o CC/MCC
391	"Esophagitis, gastroent & misc digest disorders w MCC"
392	"Esophagitis, gastroent & misc digest disorders w/o MCC"
393	Other digestive system diagnoses w MCC
394	Other digestive system diagnoses w CC
395	Other digestive system diagnoses w/o CC/MCC
405	"Pancreas, liver & shunt procedures w MCC"
406	"Pancreas, liver & shunt procedures w CC"
407	"Pancreas, liver & shunt procedures w/o CC/MCC"
408	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC
409	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC
410	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC
411	Cholecystectomy w c.d.e. w MCC
412	Cholecystectomy w c.d.e. w CC
413	Cholecystectomy w c.d.e. w/o CC/MCC
414	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
415	Cholecystectomy except by laparoscope w/o c.d.e. w CC
416	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC
417	Laparoscopic cholecystectomy w/o c.d.e. w MCC
418	Laparoscopic cholecystectomy w/o c.d.e. w CC
419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
420	Hepatobiliary diagnostic procedures w MCC
421	Hepatobiliary diagnostic procedures w CC
422	Hepatobiliary diagnostic procedures w/o CC/MCC
423	Other hepatobiliary or pancreas O.R. procedures w MCC
424	Other hepatobiliary or pancreas O.R. procedures w CC
425	Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC
432	Cirrhosis & alcoholic hepatitis w MCC
433	Cirrhosis & alcoholic hepatitis w CC

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434 Cirrhosis & alcoholic hepatitis w/o CC/MCC
435 Malignancy of hepatobiliary system or pancreas w MCC
436 Malignancy of hepatobiliary system or pancreas w CC
437 Malignancy of hepatobiliary system or pancreas w/o CC/MCC
438 Disorders of pancreas except malignancy w MCC
439 Disorders of pancreas except malignancy w CC
440 Disorders of pancreas except malignancy w/o CC/MCC
441 "Disorders of liver except malig,cirr,alc hepa w MCC"
442 "Disorders of liver except malig,cirr,alc hepa w CC"
443 "Disorders of liver except malig,cirr,alc hepa w/o CC/MCC"
444 Disorders of the biliary tract w MCC
445 Disorders of the biliary tract w CC
446 Disorders of the biliary tract w/o CC/MCC
453 Combined anterior/posterior spinal fusion w MCC
454 Combined anterior/posterior spinal fusion w CC
455 Combined anterior/posterior spinal fusion w/o CC/MCC
456 Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w MCC
457 Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w CC
458 Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w/o CC/MCC
459 Spinal fusion except cervical w MCC
460 Spinal fusion except cervical w/o MCC
461 Bilateral or multiple major joint procs of lower extremity w MCC
462 Bilateral or multiple major joint procs of lower extremity w/o MCC
463 "Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC"
464 "Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC"
465 "Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC"
466 Revision of hip or knee replacement w MCC
467 Revision of hip or knee replacement w CC
468 Revision of hip or knee replacement w/o CC/MCC
469 Major joint replacement or reattachment of lower extremity w MCC
470 Major joint replacement or reattachment of lower extremity w/o MCC
471 Cervical spinal fusion w MCC
472 Cervical spinal fusion w CC
473 Cervical spinal fusion w/o CC/MCC
474 Amputation for musculoskeletal sys & conn tissue dis w MCC
475 Amputation for musculoskeletal sys & conn tissue dis w CC
476 Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC
477 Biopsies of musculoskeletal system & connective tissue w MCC
478 Biopsies of musculoskeletal system & connective tissue w CC
479 Biopsies of musculoskeletal system & connective tissue w/o CC/MCC
480 Hip & femur procedures except major joint w MCC
481 Hip & femur procedures except major joint w CC
482 Hip & femur procedures except major joint w/o CC/MCC

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483 Major joint & limb reattachment proc of upper extremity w CC/MCC
484 Major joint & limb reattachment proc of upper extremity w/o CC/MCC
485 Knee procedures w pdx of infection w MCC
486 Knee procedures w pdx of infection w CC
487 Knee procedures w pdx of infection w/o CC/MCC
488 Knee procedures w/o pdx of infection w CC/MCC
489 Knee procedures w/o pdx of infection w/o CC/MCC
490 Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim
491 Back & neck proc exc spinal fusion w/o CC/MCC
492 "Lower extrem & humer proc except hip,foot,femur w MCC"
493 "Lower extrem & humer proc except hip,foot,femur w CC"
494 "Lower extrem & humer proc except hip,foot,femur w/o CC/MCC"
495 Local excision & removal int fix devices exc hip & femur w MCC
496 Local excision & removal int fix devices exc hip & femur w CC
497 Local excision & removal int fix devices exc hip & femur w/o CC/MCC
498 Local excision & removal int fix devices of hip & femur w CC/MCC
499 Local excision & removal int fix devices of hip & femur w/o CC/MCC
500 Soft tissue procedures w MCC
501 Soft tissue procedures w CC
502 Soft tissue procedures w/o CC/MCC
503 Foot procedures w MCC
504 Foot procedures w CC
505 Foot procedures w/o CC/MCC
506 Major thumb or joint procedures
507 Major shoulder or elbow joint procedures w CC/MCC
508 Major shoulder or elbow joint procedures w/o CC/MCC
509 Arthroscopy
510 "Shoulder,elbow or forearm proc,exc major joint proc w MCC"
511 "Shoulder,elbow or forearm proc,exc major joint proc w CC"
512 "Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC"
513 "Hand or wrist proc, except major thumb or joint proc w CC/MCC"
514 "Hand or wrist proc, except major thumb or joint proc w/o CC/MCC"
515 Other musculoskelet sys & conn tiss O.R. proc w MCC
516 Other musculoskelet sys & conn tiss O.R. proc w CC
517 Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC
533 Fractures of femur w MCC
534 Fractures of femur w/o MCC
535 Fractures of hip & pelvis w MCC
536 Fractures of hip & pelvis w/o MCC
537 "Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC"
538 "Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC"
539 Osteomyelitis w MCC
540 Osteomyelitis w CC

Medicare Severity-Diagnosis Related Group (MS-DRG)
Version 25.0+ (4th quarter 2007 through present)

541 Osteomyelitis w/o CC/MCC
542 Pathological fractures & musculoskelet & conn tiss malig w MCC
543 Pathological fractures & musculoskelet & conn tiss malig w CC
544 Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC
545 Connective tissue disorders w MCC
546 Connective tissue disorders w CC
547 Connective tissue disorders w/o CC/MCC
548 Septic arthritis w MCC
549 Septic arthritis w CC
550 Septic arthritis w/o CC/MCC
551 Medical back problems w MCC
552 Medical back problems w/o MCC
553 Bone diseases & arthropathies w MCC
554 Bone diseases & arthropathies w/o MCC
555 Signs & symptoms of musculoskeletal system & conn tissue w MCC
556 Signs & symptoms of musculoskeletal system & conn tissue w/o MCC
557 "Tendonitis, myositis & bursitis w MCC"
558 "Tendonitis, myositis & bursitis w/o MCC"
559 "Aftercare, musculoskeletal system & connective tissue w MCC"
560 "Aftercare, musculoskeletal system & connective tissue w CC"
561 "Aftercare, musculoskeletal system & connective tissue w/o CC/MCC"
562 "Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC"
563 "Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC"
564 Other musculoskeletal sys & connective tissue diagnoses w MCC
565 Other musculoskeletal sys & connective tissue diagnoses w CC
566 Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC
573 Skin graft &/or debrid for skn ulcer or cellulitis w MCC
574 Skin graft &/or debrid for skn ulcer or cellulitis w CC
575 Skin graft &/or debrid for skn ulcer or cellulitis w/o CC/MCC
576 Skin graft &/or debrid exc for skin ulcer or cellulitis w MCC
577 Skin graft &/or debrid exc for skin ulcer or cellulitis w CC
578 Skin graft &/or debrid exc for skin ulcer or cellulitis w/o CC/MCC
579 "Other skin, subcut tiss & breast proc w MCC"
580 "Other skin, subcut tiss & breast proc w CC"
581 "Other skin, subcut tiss & breast proc w/o CC/MCC"
582 Mastectomy for malignancy w CC/MCC
583 Mastectomy for malignancy w/o CC/MCC
584 "Breast biopsy, local excision & other breast procedures w CC/MCC"
585 "Breast biopsy, local excision & other breast procedures w/o CC/MCC"
592 Skin ulcers w MCC
593 Skin ulcers w CC
594 Skin ulcers w/o CC/MCC
595 Major skin disorders w MCC

Medicare Severity-Diagnosis Related Group (MS-DRG)
Version 25.0+ (4th quarter 2007 through present)

596 Major skin disorders w/o MCC
597 Malignant breast disorders w MCC
598 Malignant breast disorders w CC
599 Malignant breast disorders w/o CC/MCC
600 Non-malignant breast disorders w CC/MCC
601 Non-malignant breast disorders w/o CC/MCC
602 Cellulitis w MCC
603 Cellulitis w/o MCC
604 "Trauma to the skin, subcut tiss & breast w MCC"
605 "Trauma to the skin, subcut tiss & breast w/o MCC"
606 Minor skin disorders w MCC
607 Minor skin disorders w/o MCC
614 Adrenal & pituitary procedures w CC/MCC
615 Adrenal & pituitary procedures w/o CC/MCC
616 "Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC"
617 "Amputat of lower limb for endocrine,nutrit,& metabol dis w CC"
618 "Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC"
619 O.R. procedures for obesity w MCC
620 O.R. procedures for obesity w CC
621 O.R. procedures for obesity w/o CC/MCC
622 "Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC"
623 "Skin grafts & wound debrid for endoc, nutrit & metab dis w CC"
624 "Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC"
625 "Thyroid, parathyroid & thyroglossal procedures w MCC"
626 "Thyroid, parathyroid & thyroglossal procedures w CC"
627 "Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC"
628 "Other endocrine, nutrit & metab O.R. proc w MCC"
629 "Other endocrine, nutrit & metab O.R. proc w CC"
630 "Other endocrine, nutrit & metab O.R. proc w/o CC/MCC"
637 Diabetes w MCC
638 Diabetes w CC
639 Diabetes w/o CC/MCC
640 Nutritional & misc metabolic disorders w MCC
641 Nutritional & misc metabolic disorders w/o MCC
642 Inborn errors of metabolism
643 Endocrine disorders w MCC
644 Endocrine disorders w CC
645 Endocrine disorders w/o CC/MCC
652 Kidney transplant
653 Major bladder procedures w MCC
654 Major bladder procedures w CC
655 Major bladder procedures w/o CC/MCC
656 Kidney & ureter procedures for neoplasm w MCC

Medicare Severity-Diagnosis Related Group (MS-DRG)
Version 25.0+ (4th quarter 2007 through present)

657	Kidney & ureter procedures for neoplasm w CC
658	Kidney & ureter procedures for neoplasm w/o CC/MCC
659	Kidney & ureter procedures for non-neoplasm w MCC
660	Kidney & ureter procedures for non-neoplasm w CC
661	Kidney & ureter procedures for non-neoplasm w/o CC/MCC
662	Minor bladder procedures w MCC
663	Minor bladder procedures w CC
664	Minor bladder procedures w/o CC/MCC
665	Prostatectomy w MCC
666	Prostatectomy w CC
667	Prostatectomy w/o CC/MCC
668	Transurethral procedures w MCC
669	Transurethral procedures w CC
670	Transurethral procedures w/o CC/MCC
671	Urethral procedures w CC/MCC
672	Urethral procedures w/o CC/MCC
673	Other kidney & urinary tract procedures w MCC
674	Other kidney & urinary tract procedures w CC
675	Other kidney & urinary tract procedures w/o CC/MCC
682	Renal failure w MCC
683	Renal failure w CC
684	Renal failure w/o CC/MCC
685	Admit for renal dialysis
686	Kidney & urinary tract neoplasms w MCC
687	Kidney & urinary tract neoplasms w CC
688	Kidney & urinary tract neoplasms w/o CC/MCC
689	Kidney & urinary tract infections w MCC
690	Kidney & urinary tract infections w/o MCC
691	Urinary stones w esw lithotripsy w CC/MCC
692	Urinary stones w esw lithotripsy w/o CC/MCC
693	Urinary stones w/o esw lithotripsy w MCC
694	Urinary stones w/o esw lithotripsy w/o MCC
695	Kidney & urinary tract signs & symptoms w MCC
696	Kidney & urinary tract signs & symptoms w/o MCC
697	Urethral stricture
698	Other kidney & urinary tract diagnoses w MCC
699	Other kidney & urinary tract diagnoses w CC
700	Other kidney & urinary tract diagnoses w/o CC/MCC
707	Major male pelvic procedures w CC/MCC
708	Major male pelvic procedures w/o CC/MCC
709	Penis procedures w CC/MCC
710	Penis procedures w/o CC/MCC
711	Testes procedures w CC/MCC

Medicare Severity-Diagnosis Related Group (MS-DRG)
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712 Testes procedures w/o CC/MCC
713 Transurethral prostatectomy w CC/MCC
714 Transurethral prostatectomy w/o CC/MCC
715 Other male reproductive system O.R. proc for malignancy w CC/MCC
716 Other male reproductive system O.R. proc for malignancy w/o CC/MCC
717 Other male reproductive system O.R. proc exc malignancy w CC/MCC
718 Other male reproductive system O.R. proc exc malignancy w/o CC/MCC
722 "Malignancy, male reproductive system w MCC"
723 "Malignancy, male reproductive system w CC"
724 "Malignancy, male reproductive system w/o CC/MCC"
725 Benign prostatic hypertrophy w MCC
726 Benign prostatic hypertrophy w/o MCC
727 Inflammation of the male reproductive system w MCC
728 Inflammation of the male reproductive system w/o MCC
729 Other male reproductive system diagnoses w CC/MCC
730 Other male reproductive system diagnoses w/o CC/MCC
734 "Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC"
735 "Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC"
736 Uterine & adnexa proc for ovarian or adnexal malignancy w MCC
737 Uterine & adnexa proc for ovarian or adnexal malignancy w CC
738 Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC
739 "Uterine,adnexa proc for non-ovarian/adnexal malig w MCC"
740 "Uterine,adnexa proc for non-ovarian/adnexal malig w CC"
741 "Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC"
742 Uterine & adnexa proc for non-malignancy w CC/MCC
743 Uterine & adnexa proc for non-malignancy w/o CC/MCC
744 "D&C, conization, laparoscopy & tubal interruption w CC/MCC"
745 "D&C, conization, laparoscopy & tubal interruption w/o CC/MCC"
746 "Vagina, cervix & vulva procedures w CC/MCC"
747 "Vagina, cervix & vulva procedures w/o CC/MCC"
748 Female reproductive system reconstructive procedures
749 Other female reproductive system O.R. procedures w CC/MCC
750 Other female reproductive system O.R. procedures w/o CC/MCC
754 "Malignancy, female reproductive system w MCC"
755 "Malignancy, female reproductive system w CC"
756 "Malignancy, female reproductive system w/o CC/MCC"
757 "Infections, female reproductive system w MCC"
758 "Infections, female reproductive system w CC"
759 "Infections, female reproductive system w/o CC/MCC"
760 Menstrual & other female reproductive system disorders w CC/MCC
761 Menstrual & other female reproductive system disorders w/o CC/MCC
765 Cesarean section w CC/MCC
766 Cesarean section w/o CC/MCC

Medicare Severity-Diagnosis Related Group (MS-DRG)
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767	Vaginal delivery w sterilization &/or D&C
768	Vaginal delivery w O.R. proc except steril &/or D&C
769	Postpartum & post abortion diagnoses w O.R. procedure
770	"Abortion w D&C, aspiration curettage or hysterotomy"
774	Vaginal delivery w complicating diagnoses
775	Vaginal delivery w/o complicating diagnoses
776	Postpartum & post abortion diagnoses w/o O.R. procedure
777	Ectopic pregnancy
778	Threatened abortion
779	Abortion w/o D&C
780	False labor
781	Other antepartum diagnoses w medical complications
782	Other antepartum diagnoses w/o medical complications
789	"Neonates, died or transferred to another acute care facility"
790	"Extreme immaturity or respiratory distress syndrome, neonate"
791	Prematurity w major problems
792	Prematurity w/o major problems
793	Full term neonate w major problems
794	Neonate w other significant problems
795	Normal newborn
799	Splenectomy w MCC
800	Splenectomy w CC
801	Splenectomy w/o CC/MCC
802	Other O.R. proc of the blood & blood forming organs w MCC
803	Other O.R. proc of the blood & blood forming organs w CC
804	Other O.R. proc of the blood & blood forming organs w/o CC/MCC
808	Major hematol/immun diag exc sickle cell crisis & coagul w MCC
809	Major hematol/immun diag exc sickle cell crisis & coagul w CC
810	Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC
811	Red blood cell disorders w MCC
812	Red blood cell disorders w/o MCC
813	Coagulation disorders
814	Reticuloendothelial & immunity disorders w MCC
815	Reticuloendothelial & immunity disorders w CC
816	Reticuloendothelial & immunity disorders w/o CC/MCC
820	Lymphoma & leukemia w major O.R. procedure w MCC
821	Lymphoma & leukemia w major O.R. procedure w CC
822	Lymphoma & leukemia w major O.R. procedure w/o CC/MCC
823	Lymphoma & non-acute leukemia w other O.R. proc w MCC
824	Lymphoma & non-acute leukemia w other O.R. proc w CC
825	Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC
826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC
827	Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC

Medicare Severity-Diagnosis Related Group (MS-DRG)
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828 Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC
829 Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC
830 Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC
834 Acute leukemia w/o major O.R. procedure w MCC
835 Acute leukemia w/o major O.R. procedure w CC
836 Acute leukemia w/o major O.R. procedure w/o CC/MCC
837 Chemo w acute leukemia as sdx or w high dose chemo agent w MCC
838 Chemo w acute leukemia as sdx w CC or high dose chemo agent
839 Chemo w acute leukemia as sdx w/o CC/MCC
840 Lymphoma & non-acute leukemia w MCC
841 Lymphoma & non-acute leukemia w CC
842 Lymphoma & non-acute leukemia w/o CC/MCC
843 Other myeloprolif dis or poorly diff neopl diag w MCC
844 Other myeloprolif dis or poorly diff neopl diag w CC
845 Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC
846 Chemotherapy w/o acute leukemia as secondary diagnosis w MCC
847 Chemotherapy w/o acute leukemia as secondary diagnosis w CC
848 Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC
849 Radiotherapy
853 Infectious & parasitic diseases w O.R. procedure w MCC
854 Infectious & parasitic diseases w O.R. procedure w CC
855 Infectious & parasitic diseases w O.R. procedure w/o CC/MCC
856 Postoperative or post-traumatic infections w O.R. proc w MCC
857 Postoperative or post-traumatic infections w O.R. proc w CC
858 Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC
862 Postoperative & post-traumatic infections w MCC
863 Postoperative & post-traumatic infections w/o MCC
864 Fever
865 Viral illness w MCC
866 Viral illness w/o MCC
867 Other infectious & parasitic diseases diagnoses w MCC
868 Other infectious & parasitic diseases diagnoses w CC
869 Other infectious & parasitic diseases diagnoses w/o CC/MCC
870 Septicemia or severe sepsis w MV 96+ hours
871 Septicemia or severe sepsis w/o MV 96+ hours w MCC
872 Septicemia or severe sepsis w/o MV 96+ hours w/o MCC
876 O.R. procedure w principal diagnoses of mental illness
880 Acute adjustment reaction & psychosocial dysfunction
881 Depressive neuroses
882 Neuroses except depressive
883 Disorders of personality & impulse control
884 Organic disturbances & mental retardation
885 Psychoses

Medicare Severity-Diagnosis Related Group (MS-DRG)
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886 Behavioral & developmental disorders
887 Other mental disorder diagnoses
894 "Alcohol/drug abuse or dependence, left AMA"
895 Alcohol/drug abuse or dependence w rehabilitation therapy
896 Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
897 Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC
901 Wound debridements for injuries w MCC
902 Wound debridements for injuries w CC
903 Wound debridements for injuries w/o CC/MCC
904 Skin grafts for injuries w CC/MCC
905 Skin grafts for injuries w/o CC/MCC
906 Hand procedures for injuries
907 Other O.R. procedures for injuries w MCC
908 Other O.R. procedures for injuries w CC
909 Other O.R. procedures for injuries w/o CC/MCC
913 Traumatic injury w MCC
914 Traumatic injury w/o MCC
915 Allergic reactions w MCC
916 Allergic reactions w/o MCC
917 Poisoning & toxic effects of drugs w MCC
918 Poisoning & toxic effects of drugs w/o MCC
919 Complications of treatment w MCC
920 Complications of treatment w CC
921 Complications of treatment w/o CC/MCC
922 "Other injury, poisoning & toxic effect diag w MCC"
923 "Other injury, poisoning & toxic effect diag w/o MCC"
927 Extensive burns or full thickness burns w MV 96+ hrs w skin graft
928 Full thickness burn w skin graft or inhal inj w CC/MCC
929 Full thickness burn w skin graft or inhal inj w/o CC/MCC
933 Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft
934 Full thickness burn w/o skin grft or inhal inj
935 Non-extensive burns
939 O.R. proc w diagnoses of other contact w health services w MCC
940 O.R. proc w diagnoses of other contact w health services w CC
941 O.R. proc w diagnoses of other contact w health services w/o CC/MCC
945 Rehabilitation w CC/MCC
946 Rehabilitation w/o CC/MCC
947 Signs & symptoms w MCC
948 Signs & symptoms w/o MCC
949 Aftercare w CC/MCC
950 Aftercare w/o CC/MCC
951 Other factors influencing health status
955 Craniotomy for multiple significant trauma

**Medicare Severity-Diagnosis Related Group (MS-DRG)
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956 "Limb reattachment, hip & femur proc for multiple significant trauma"
957 Other O.R. procedures for multiple significant trauma w MCC
958 Other O.R. procedures for multiple significant trauma w CC
959 Other O.R. procedures for multiple significant trauma w/o CC/MCC
963 Other multiple significant trauma w MCC
964 Other multiple significant trauma w CC
965 Other multiple significant trauma w/o CC/MCC
969 HIV w extensive O.R. procedure w MCC
970 HIV w extensive O.R. procedure w/o MCC
974 HIV w major related condition w MCC
975 HIV w major related condition w CC
976 HIV w major related condition w/o CC/MCC
977 HIV w or w/o other related condition
981 Extensive O.R. procedure unrelated to principal diagnosis w MCC
982 Extensive O.R. procedure unrelated to principal diagnosis w CC
983 Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC
984 Prostatic O.R. procedure unrelated to principal diagnosis w MCC
985 Prostatic O.R. procedure unrelated to principal diagnosis w CC
986 Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC
987 Non-extensive O.R. proc unrelated to principal diagnosis w MCC
988 Non-extensive O.R. proc unrelated to principal diagnosis w CC
989 Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC
998 Principal diagnosis invalid as discharge diagnosis
999 Ungroupable

MS-DRGs 998 and 999 contain cases that could not be assigned to valid DRGs.

*Change made in MS-DRG classification. Hospitals provided the Office of Health Care Statistics (OHCS) with ICD-9-CM codes, rather than MS-DRGs, so there was no need for the hospitals to be aware of MS-DRG changes. The MS-DRG was assigned by OHCS using 3M software (reference given on page 3) which classified the hospital discharge into a MS-DRG based on the ICD-9-CM codes and other data such as age. OHCS accounted for MS-DRG changes by using the MS-DRG definitions which applied to the date of hospital discharge.

Medicare Severity-Major Diagnosis Category (MS-MDC) *

- 0 = Ungroupable
- 1 = Nervous System
- 2 = Eye
- 3 = Ear, Nose, Mouth & Throat
- 4 = Respiratory System
- 5 = Circulatory System
- 6 = Digestive System
- 7 = Hepatobiliary System & Pancreas
- 8 = Musculoskeletal System & Connective Tissue
- 9 = Skin, Subcutaneous Tissue & Breast
- 10 = Endocrine, Nutritional & Metabolic Diseases & Disorders
- 11 = Kidney & Urinary Tract
- 12 = Male Reproductive System
- 13 = Female Reproductive System
- 14 = Pregnancy, Childbirth & the Puerperium
- 15 = Newborn & Other Neonates (Perinatal Period)
- 16 = Blood, Blood Forming Organs, Immunological Disorders
- 17 = Myeloproliferative Diseases & Disorders, Poorly Diff Neoplasm
- 18 = Infectious and Parasitic Diseases, Systemic or Unspecified Sites
- 19 = Mental Diseases & Disorders
- 20 = Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders
- 21 = Injuries, Poisonings and Toxic Effects of Drugs
- 22 = Burns
- 23 = Factors Influencing Hlth Stat & Other Contacts with Hlth Services
- 24 = Multiple Significant Trauma
- 25 = Human Immunodeficiency Virus Infections

*Patients having heart, liver, lung, simultaneous pancreas/kidney, pancreas, or bone marrow transplants, or tracheostomies, traditionally categorized as PRE MDC (0), are assigned by the DRG Grouper into the following MS-DRGs independent of the MDC of the principal diagnosis: 001-013, 984-989. MS-DRGs (981-983, 998, 999) associated with all MDCs are assigned independent of the MDC of the principal diagnosis if the diagnosis is valid. Otherwise, this is the traditional Health Care Financing Administration (HCFA) MDC.

APPENDIX A

CASE-MIX INDEX

CASE-MIX INDEX

The case-mix indices were derived as follows:

1. Calculate relative weight for each APR-DRG i:

$$W_i = \frac{C_i}{C_s}$$

where

i = APR-DRG i

s = State level

W_i = Relative weight for APR-DRG i

C_i = Average charge for APR-DRG i

C_s = Average charge for all patients

2. Calculate case-mix index for hospital j:

$$I_j = \frac{\sum_{i=1}^{1315} W_i N_{ij}}{N_j}$$

where:

j = Hospital j

I_j = Case-mix index for hospital j

N_{ij} = Number of discharges for APR-DRG i and hospital j

N_j = Total discharges for hospital j

In the calculation of the case-mix index, the following were excluded: outliers and discharges from specialty hospitals (psychiatric and substance abuse hospitals, rehabilitation hospitals, and surgical centers) as well as the VA hospital. That is, the case-mix index was calculated for all acute care hospitals except the VA hospital.

Case-mix Indices are not among the data elements in the public-use data file but are available upon request.

APPENDIX B

APR-DRG RESOURCE

INTENSITY INDEX

APR-DRG RESOURCE INTENSITY INDEX

Hospital- and DRG-specific resource intensity indices were calculated as a measure of the overall complexity of a hospital's patient mix at the DRG level. The indices were calculated as follows:

$$W_{ik} = \frac{C_{ik}}{C_i}$$

$$S_{ij} = \frac{\sum_{k=0}^4 N_{ijk} W_{ik}}{N_{ij}}$$

Where

W_{ik} = Charge-weight for severity level k of consolidated DRG i

C_{ik} = Average charges for consolidated DRG i , severity level k , all hospitals

C_i = Average charges for consolidated DRG i , all hospitals

S_{ij} =Severity index for consolidated DRG i and hospital j

N_{ijk} =Number of discharges for consolidated DRG i , hospital j , and severity level k

N_{ij} = Number of discharges for consolidated DRG i , hospital j

The severity score, k , is assigned by the 3M Core Grouping software as part of the APR-DRG categorization. The severity score ranges from 1 (no CC or minor CC), to 4 (extreme CC). A consolidated DRG may be the same as a single DRG or a combination of DRGs. For example, DRG 002 (Craniotomy for trauma age >17) and DRG 003 (Craniotomy for trauma age 0-17) are combined into a consolidated DRG 002 (Craniotomy for trauma). The consolidated DRG, broken down into the four severity levels, comprise the APR-DRG.

A hospital APR-DRG resource intensity index of greater than 1 for a DRG means that the hospital had a greater proportion of patients that required high resource use than patients that required less. Analyses not shown here reveal that total charges are not necessarily positively correlated with severity score within a DRG (e.g., for some DRGs, patients with severity score "2" had higher average charges than those with severity score "3"), nor is the relationship monotone (e.g., for some DRGs level '2' patients have lower average charges than both level '1' and level '3' patients). Therefore, a high index does not necessarily reflect relatively high proportion of "sicker" patients, only relatively high proportion of "high resource-use" patients. In most cases, both interpretations apply.

For DRGs (newborns and neonates) for which no severity score is assigned ($k=0$), the severity index is equal to 1.

APR-DRG Resource Intensity Indices are not among the data elements in the public-use data file but available upon request.

APPENDIX C

UTAH

HOSPITAL PROFILE

HOSPITAL CHARACTERISTICS: 2010

ID ¹	HOSPITAL NAME	OWN ²	AFFILIATION	TYPE ³	COUNTY	CITY	U/R ⁴	TEACH ⁵	BEDS
118	Alta View Hospital	N	Intermountain	Acute	Salt Lake	Sandy	U	N	80
136	American Fork Hospital	N	Intermountain	Acute	Utah	American Fork	U	N	89
134	Ashley Regional Medical Center	I	LifePoint Hospitals, Inc.	Acute	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	Intermountain	Acute	Box Elder	Tremonton	R	N	16
101	Beaver Valley Hospital	G	Freestanding	Acute	Beaver	Beaver	R	N	49
201	Benchmark Behavioral Hlth Systems	I	Ramsay Hlth Care	SP/Psych	Davis	Woods Cross	U	N	84
207	Benchmark South Regional Hosp (closed) ⁶	I	Ramsay Hlth Care	SP/Psych	Salt Lake	Midvale	U	N	80
103	Brigham City Community Hospital	I	MountainStar Hlthcare	Acute	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surg Hospital	SP/Surg	Cache	North Logan	R	N	22
106	Castleview Hospital	I	LifePoint Hospitals, Inc.	Acute	Carbon	Price	R	N	39
113	Central Valley Medical Center - CAH	N	Rural Hlth Mgmt Corp	Acute	Juab	Nephi	R	N	25
202	Charter Summit Hospital (closed) ⁶	I	Charter	SP/Psych	Salt Lake	Salt Lake City	U	N	80
204	Copper Hills Youth Cntr (Rivendale, closed) ⁶	I	Child. Comp. Serv.	SP/Psych	Salt Lake	West Jordan	U	N	94
119	Cottonwood Hospital (closed) ⁶	N	Intermountain	Acute	Salt Lake	Murray	U	N	213
108	Davis Hospital and Medical Center	I	Iasis Health Care	Acute	Davis	Layton	U	N	225
116	Delta Community Medical Center - CAH	N	Intermountain	Acute	Millard	Delta	R	N	18
140	Dixie Regional Medical Center	N	Intermountain	Acute	Washingto	St. George	R	N	245
115	Fillmore Community Med Ctr – CAH	N	Intermountain	Acute	Millard	Fillmore	R	N	20
110	Garfield Memorial Hospital	N	Intermountain	Acute	Garfield	Panguitch	R	N	41

ID ¹	HOSPITAL NAME	OWN ²	AFFILIATION	TYPE ³	COUNTY	City	U/R ⁴	TEACH ⁵	BEDS
129	Gunnison Valley Hospital - CAH	G	Rural Hlth Mgmt Corp	Acute	Sanpete	Gunnison	R	N	25
306	Healthsouth Rehab. Hospital of Utah	I	HealthSouth	SP/Rehab	Salt Lake	Sandy	U	Y	63
139	Heber Valley Medical Center ⁶ - CAH	N	Intermountain	Acute	Wasatch	Heber	R	N	19
302	Highland Ridge Hospital	I	Am Intl Hlth Sys	SP/Psych	Salt Lake	Salt Lake City	U	N	41
304	Infinia Medical Center (closed) ⁶	I	Infinia Hlth	SP/Surg	Salt Lake	Salt Lake City	U	Y	12
146	Intermountain Medical Center	N	Intermountain	Acute	Salt Lake	Murray	U	Y	472
117	Jordan Valley Medical Center	I	Iasis Health Care	Acute	Salt Lake	West Jordan	U	N	183
114	Kane County Hospital - CAH	G	Freestanding	Acute	Kane	Kanab	R	N	25
107	Lakeview Hospital	I	MountainStar Hlthcare	Acute	Davis	Bountiful	U	N	128
121	LDS Hospital	N	Intermountain	Acute	Salt Lake	Salt Lake City	U	Y	266
105	Logan Regional Hospital	N	Intermountain	Acute	Cache	Logan	R	N	146
141	McKay-Dee Hospital Center	N	Intermountain	Acute	Weber	Ogden	U	Y	304
102	Milford Valley Memorial Hospital – CAH	G	Rural Hlth Mgmt Corp	Acute	Beaver	Milford	R	N	23
111	Moab Regional Hospital - CAH (was Allen)	G	Rural Hlth Mgmt Corp	Acute	Grand	Moab	R	N	17
127	Monument Valley Adventist Hosp (closed) ⁶	N	Seventh Day Adventists	Acute	San Juan	Monument	R	N	20
137	Mountain View Hospital	I	MountainStar Hlthcare	Acute	Utah	Payson	U	N	114
133	Mountain West Medical Center ⁶	G	Comm. Health Syst.	Acute	Tooele	Tooele	R	N	44
142	Ogden Regional Medical Center	I	MountainStar Hlthcare	Acute	Weber	Ogden	U	N	232
135	Orem Community Hospital	N	Intermountain	Acute	Utah	Orem	U	N	24
147	Park City Medical Center	N	Intermountain	Acute	Summit	Park City	R	N	26
126	Pioneer Valley Hospital	I	Iasis Health Care	Acute	Salt Lake	West Valley	U	Y	139
122	Primary Children's Medical Center	N	Intermountain	Acute	Salt Lake	Salt Lake City	U	Y	289
308	Promise Hospital of Salt Lake	I	Camelot Health Care	SP/LTCare	Salt Lake	West Valley City	U	N	41

ID ¹	HOSPITAL NAME	OWN ²	AFFILIATION	TYPE ³	COUNTY	CITY	U/R ⁴	TEACH ⁵	BEDS
148	Riverton Hospital	N	Intermountain	Acute	Salt Lake	Riverton	U	Y	97
143	Rocky Mountain Medical Center (closed) ⁶	I	Iasis Health Care	Acute	Salt Lake	Salt Lake City	U	N	125
120	Salt Lake Regional Medical Center	I	Iasis Health Care	Acute	Salt Lake	Salt Lake City	U	Y	158
128	San Juan Hospital – CAH	G	Managed	Acute	San Juan	Monticello	R	N	25
130	Sanpete Valley Hospital – CAH	N	Intermountain	Acute	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Medical Center	N	Intermountain	Acute	Sevier	Richfield	R	N	42
305	Shriner's Hospital for Children	N	Shriner's	SP/Child	Salt Lake	Salt Lake	U	N	45
203	Silverado Senior Living ⁶ (No data)	I	Silverado	SP/Psych	Salt Lake	Salt Lake City	U	N	136
301	South Davis Community Hospital ⁷	G	Freestanding	SP/LTCare	Davis	Bountiful	U	N	16
124	St. Mark's Hospital	I	MountainStar Hlthcare	Acute	Salt Lake	Salt Lake City	U	Y	294
307	The Orthopedic Specialty Hospital (TOSH)	I	Freestanding	SP/Surg	Salt Lake	Salt Lake City	U	N	36
144	Timpanogos Regional Hospital	I	MountainStar Hlthcare	Acute	Utah	Orem	U	N	105
109	Uintah Basin Medical Center	G	Freestanding	Acute	Duchesne	Roosevelt	R	N	49
125	UHC/University Hospitals & Clinics	G	University HealthCare	Acute	Salt Lake	Salt Lake	U	Y	508
310	UHC/Univ. of UT Huntsman Cancer Hosp	G	University HealthCare	SP/Canc	Salt Lake	Salt Lake	U	Y	See above
309	UHC/Univ. of UT Orthopaedic Ctr	G	University HealthCare	SP/Surg	Salt Lake	Salt Lake	U	Y	See above
206	University of Utah Neuropsychiatric Institute	G	University HealthCare	Acute	Salt Lake	Salt Lake	U	Y	90
209	Utah State Hospital (now exempt)	G	Freestanding	SP/Psych	Utah	Provo	U	N	384
138	Utah Valley Regional Medical Center	N	Intermountain	Acute	Utah	Provo	U	N	395
311	Utah Valley Specialty Hospital	I	Ernest Health	SP/LTCare	Utah	Provo	U	N	40
112	Valley View Medical Center	N	Intermountain	Acute	Iron	Cedar City	R	N	48
801	Veterans Administration Medical Center	G	Freestanding	Acute	Salt Lake	Salt Lake City	U	N	121
205	Wasatch Canyons Hospital (closed) ⁶	N	Intermountain	SP/Psych	Salt Lake	Salt Lake City	U	N	46

CAH = Critical Access Hospital

¹Hospital identification number (unique identifier in data file—see page 10 for hospital list in numerical order).

²Owner: G=Government, I=Investor-Owned, N=Not for Profit.

³Hospital Type: Acute Care (includes CAH), Specialty/Surgical, Specialty/Psychiatric, Specialty/Rehabilitation, Specialty Long-Term Care

⁴Urban or Rural hospital location.

⁵Teaching hospital (yes/no).

⁶Hospitals which have closed but submitted data in previous years:

Benchmark South Regional Hospital (closed – data through 4th quarter 1998)

Bonneville Health & Rehabilitation Center (closed – data through 3rd quarter 1999)

Reopened as Infinia Medical Center (closed -- data through 2nd quarter 2002)

Charter Summit Hospital (closed – data through 3rd quarter 1993)

Copper Hills Youth Center (currently not licensed as a hospital—data through 4th quarter 2001)

Cottonwood Hospital (closed – data through 3rd quarter 2007)

Monument Valley Adventist Hospital (closed – data through 4th quarter 1995)

Olympus View Hospital (currently Silverado Senior Living) (closed – data through 2nd quarter 1999)

PHC Regional Hospital (closed – data through 2nd quarter 1997)

Reopened as Rocky Mountain Hospital (closed—data from 2nd quarter 2000 to 2nd quarter 2001)

Tooele Valley Regional Medical Center (currently Mountain West Medical Center) (closed – data through 2001)

Utah State Hospital (now exempt from reporting – data through 4th quarter 1995)

Wasatch Canyons Hospital (closed – data through 3rd quarter 1995)

Wasatch County Hospital (currently Heber Valley Medical Center) (closed – data through 3rd quarter 1999)

⁷Hospitals not included in 2010 due to processing issues:

South Davis Community Hospital

Note: The hospitals with addresses, phone numbers, and number of beds in the above list can be obtained as a “cut and paste” document from the website:

[“http://health.utah.gov/hda/usersupport.php”](http://health.utah.gov/hda/usersupport.php) and click on “List of data providers”

Further Hospital Information

Another source for a list of Utah hospitals is the Utah Department of Health website, “<http://health.utah.gov/hflcra/facinfo.php>”. You can access an alphabetical list of hospitals by clicking the “Alphabetical Listing” link and choosing what type of facility you are looking for. You can also find hospitals listed by county by clicking the “Listing by County” link.
